

Homeless Older Adults Strategic Plan

March 2008



Shelter Partnership, Inc.

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According to the U.S. Census, in 2008 alone, approximately 3.2 million Baby Boomers—those born from 1946 to 1964—will turn 62 and become eligible for Social Security benefits. In the years to come, there will be a steady increase in the older adult population. Ten percent of all older adults have incomes below the poverty level.

It should then come as no surprise that, on any given night, there are 3,000 to 4,000 homeless older adults, 62 years and older, in Los Angeles County. Sixty-two percent report that they have some form of disability—the vast majority physical in nature. At least one-third and possibly one-half or more are chronically homeless. One-third are women. In this Plan, we paint a portrait of the people themselves, outline their challenges, and put forward solutions to remedy their lack of housing.

The “journey” in developing the *Homeless Older Adults Strategic Plan* began several years ago when I had the opportunity to visit Hearth, a nonprofit agency in Boston, which specializes in developing permanent, supportive, affordable housing for homeless older adults. At the time of my visit, the average duration of homelessness for their tenants was 13 years! I was inspired by the resiliency of these men and women now in permanent housing with supportive services. Regular visits to local shelters in Los Angeles where I witnessed the aging of older adults became more troubling, but at the same time motivating. Older adult homelessness in Los Angeles County is solvable if only we have the will.

Shelter Partnership is committed to being a catalyst and partner over the next several years to develop the permanent, supportive housing and other strategies that are needed to end older adult homelessness. Towards this end, we welcome your involvement.

Sincerely yours,

Ruth Schwartz
Executive Director

Acknowledgments

We start with thanking our Advisory Committee, which was comprised of consumers, developers, managers of senior housing, government officials, philanthropists, social services staff, and university professors, whom we met with throughout the planning process, and whose advice helped direct our efforts. We would also like to give special thanks to the staff of New Image Emergency Shelter, especially Brenda Wilson, Lynda Moran and Jim Ebert, as well as the staff of Skid Row Housing Trust, notably Mike Alvidrez, Molly Rysman, and Jen Schneider. And of course the 28 older adults who are currently homeless at New Image and those 30 older adults who had been homeless, but who are now in permanent, supportive housing at Skid Row Housing Trust who took the time to share their experiences with Shelter Partnership staff.

Many thanks also to all of the interviewees and their colleagues who took precious time from their busy schedules to help inform this plan, including those in other cities, including Boston, New York, San Diego, San Francisco, and Seattle. We especially would like to thank Mark Hinderlie, Executive Director of HEARTH in Boston, who spent three days with us meeting with many of the local stakeholders to share and inspire them that ending older adult homelessness is within our reach.

Steve Renahan in his role first as a consultant, and then as senior staff, stewarded this plan throughout, and did the majority of the interviewing, research, and writing. Dhakshike Wickrema, Project Manager, was responsible for analyzing and writing about all of the nearly 1,500 intake records of New Image Shelter's homeless older adult clients, as well as organizing, interviewing, and writing about the experiences of 58 currently homeless and previously homeless older adults. Marc Tousignant, Senior Project Manager, was responsible for the overall direction and editing of the Plan, as well as writing the Public Funding Chapter. Jennie Quinonez-Skinner, Librarian Research Intern, was in charge of identifying and helping us to review all of our literature review articles, as well as entering the New Image data into the database. Patricia Hansen, Administrative Assistant, provided critical support for this project, especially with our Advisory Committee.

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SECTION 1: EXECUTIVE SUMMARY

A. Overview

Shelter Partnership developed this plan for homeless older adults under both a moral imperative to address the rising needs of a population that has been historically neglected, and also as a means to challenge our public systems of care and other concerned stakeholders to adopt a strategic approach to address the housing, service and health care needs of homeless older adults in an integrated fashion. Our contribution may rest with the finding that homelessness among the 3,000 to 4,000 older adults (62 and up) in Los Angeles County can be solved, as well as the novelty of describing their characteristics. For that alone, there is value in “uncovering” the identity of a group that has never before been the focus of public policy in Los Angeles County. Yet, this plan has merits that reach farther than the data. This plan is the first synthesis of information from site visits across the country, the feedback and perceptions of a multitude of stakeholders responsible for programs that serve this population, and more importantly, the opinions and experiences of homeless older adults themselves.

Every plan needs its champion and Shelter Partnership is committed over the next several years to leading this effort on behalf of older homeless adults. We will do this by advocating, convening, and helping to develop the infrastructure to ensure that this neglected population is provided permanent, supportive housing.

In the end, three themes emerged that transcended all of our planning: (1) there is a pervasive lack of public focus on homeless older adults; (2) homeless older adults in Los Angeles have unique characteristics and needs; and (3) permanent supportive housing is the housing choice best suited for their needs. The following represents a distillation of the plan’s findings through expanded narratives on each of these three themes. Each discussion serves to remind us of the urgency of tackling this issue and the tremendous work that awaits.

B. The Lack of Public Focus on Homeless Older Adults

No message resonated more throughout this project than the simple notion that research on homeless older adults in Los Angeles County must start from the bottom up because there is no body of research or public planning documents that concentrate on this population. Altogether, we experienced tremendous difficulty at each step in our work to isolate information on homeless older adults, whether it was through reviewing source documents for population characteristics or querying social service providers about their perceptions of this group in relation to other clientele. That there is such a dearth of information about homeless older adults in Los Angeles is more than a barrier we encountered or plea for sympathy from the reader; it speaks to our limited understanding of their identity and needs as well as a void in public policy to develop a coherent response to a unique and growing segment of the homeless.

The lack of focus on homeless older adults is really a theme that we could not escape at any planning stage. We began with the immediate challenge of conducting a review of literature on the topic and using a term (“homeless older adult”) that had not been defined or used generally. There was plenty of material on homeless adults, low-income seniors, and older adults, but

researchers targeting homeless older adults often bemoan the paucity of research in that area. However, we found much useful data and analyses in the literature, and a clearly growing consensus about solutions informed by innovative best practices.

With the inability to extract much knowledge of homeless older adults from scholarly research, we knew our planning would have to begin to build the necessary foundation. Our data analysis of the demographics of older adults residing at a local emergency shelter again reiterated the theme, leading us to filter out younger age groups to isolate our focal group. While we analyzed records of homeless individuals aged 50-61 and 62 and up, during our discovery period we determined that we should focus our Strategic Plan on those aged 62 and up.

From there, the numerous conversations with key stakeholders—special needs housing developers, senior housing providers, homeless service providers, and funding entities—underscored the complexity of our task. Few of these interviewees oversaw or operated programs that were targeted to homeless older adults, so naturally they struggled to offer us population-specific data or anecdotes. Yet they offered compelling explanations. The service providers, for example, stated that they already serve homeless older adults and transitioning homeless older adults as part of their larger mission. Still, there were several questions, especially those related to demographics (gender, race, etc.) that simply could not be answered. More than one interviewee commented that the lack of targeted funding for homeless older adults (and inherent reporting that would be required) was the primary reason.

Finally, building on the opinions of providers described above, the lack of focus on homeless older adults was none more evident than in our summary of the different public funding sources and programs that serve or can serve the population. There are several programs that target the elderly (e.g., HUD’s Section 202 program), special needs groups (e.g., City of Industry) or the homeless (e.g., HUD’s Shelter Plus Care program), at all levels of government, but none that singularly address homeless older adults as a distinct focus. At the same time, this is an area of public policy and budgeting that can change with effective leadership and advocacy, and we have begun to see interest among lenders and grantors to approach this gap more strategically.

C. Homeless Older Adults in Los Angeles Have Unique Characteristics and Needs

Before we started our planning, we were well aware of the changing demographics that point to what some experts are describing as the “quiet crisis,” a dramatic surge in the proportion of our national population that are seniors in the next fifteen years. We also walked into this project with an empirical sense, buttressed by the anecdotes of homeless service providers, that the people who reside in our emergency shelters and struggle on the streets are aging, in many cases right before our eyes. But what we did not know, but hoped to learn through more than a year of planning, is what lies beyond these impressions and the factors that shape the uniqueness of the homeless older adult.

We regard this plan therefore in multiple lights, but least of which is as an attempt to portray for the first time the characteristics of a population that has never been under the spotlight. Our ability to construct a profile of homeless older adults in Los Angeles County emerges from every facet of this study, from the review of nearly 1,500 intake records of New Image Year Round

Emergency Shelter clients to the less precise estimations offered during numerous interviews with providers and administrators in the field. The large sample size of New Image clients, however, is where we feel most confident when projecting an image of our focal population. Below are some key characteristics.

1. Demographics of Homeless Older Adults

- Over two-thirds of homeless older adults are male.
- Fifty-seven percent of homeless older adults are Black, while Latinos or Hispanics represent between 14 - 15% of the population.
- Almost four in ten homeless older adults have proceeded beyond high school, including 24% reporting some college education.
- Twenty-eight percent of homeless older adults report prior military service, which is twice as high as the general homeless population.

Beyond these basic demographics we also were interested in understanding other population characteristics, such as monthly income, prior living situations, disability levels and types, health conditions, and durations of homelessness. Together, these areas begin to add to the portrait of a homeless older adult in Los Angeles County.

2. Income

The income (that is the sources and levels) associated with homeless older adults, perhaps more than any other characteristic, is definitely unique, especially in relation to other homeless adults or subpopulations. Overall, homeless older adults are more apt to report income and be less dependent on General Relief (GR) than other single adults residing in shelters. Income data also illustrates some important contrasts between transitioning older adults and homeless older adults.

Almost two-thirds of older homeless adults received income from either federal Supplemental Security Income (SSI) or Social Security. Very few (8%) depended on GR for subsistence. Transitioning older adults, on the other hand, were almost three times as likely to receive GR than their older cohorts. Especially since the portion of older adults that are employed (4-5%) resembles other homeless adults, our findings demonstrate that the ages of older adults put them in a unique position to access Social Security benefits that have largely eluded their younger peers. Still, 22% of those aged 65 and up reported that they had no income, as did 27% of those aged 62 – 64.

We suspect, therefore, that the wide disparity between transitioning older adults and older adults in their receipt of GR and Social Security benefits (as well as the percentages reporting any income) accounts for a similar gap in income levels. Accordingly, older adults reported higher median monthly incomes (\$600) than the transitioning older adult population (\$221), even when removing from the analysis those that reported no income (\$800 vs. \$700, respectively).

3. Disability

There is little question that homeless older adults are also unique in their propensity to be affected by a range of disabilities and health conditions. Sixty-two percent of older adults reported a disability of some sort (e.g., mental, physical, or both), as did 58% of transitioning older adults. Eighty-nine percent of disabilities among older adults with disabilities were physical in nature, as were three-quarters of disabilities among transitioning older adults. Compared with disabled transitioning older adults, disabled older adults were half as likely to report mental disabilities--20% so reported. This difference, however, may be due to the stigma older adults have with acknowledging a mental illness.

4. Health Conditions

The interviews with New Image clients allowed us to probe beyond these generic disability categories indicated on the intake form and provided the opportunity to ask clients about specific health conditions. At least one-half or more of the interviewees suffered from dental problems (60%), eye problems (50%), hypertension (50%), and arthritis (50%). Back problems (40%), pain (40%), diabetes (30%), heart problems (30%), depression (20%), and stroke (20%) were also common.

The health conditions across the two age cohorts were remarkably similar, though the older adults reported on average fewer medical problems than the younger cohort. Our literature review in some senses foreshadowed this disparity; homeless older adults, at least those on the streets, are by process of natural selection “healthier survivors.” And perhaps as a clear validation of input we received from mental health practitioners, the dramatically low percentages of older adults claiming to be affected by “depression” or “mental health problems” are more likely to be the product of the profound stigma of mental illness among older adults.

5. Disabilities and Income

We also combined the disability and income data to specifically explore the nexus between disability status and disability income. Most clients reporting disabilities appeared not to be receiving SSI. Among homeless older adults reporting any disability type (physical or mental), only one-third were accessing SSI, while 17% of physically disabled and 13% of mentally disabled homeless older adults reported no income.

6. Prior Living Situation

Homeless older adults were likely to have lived most recently on the streets (28%) or in an emergency shelter (25%), and to a lesser extent with family or friends (15%). Moreover, 6% of homeless older adults and 8% of transitioning older adults reported living in a hospital before entering New Image, well above previous estimations that place the percentage of shelter residents coming from hospitals at 2%.¹

¹ Shelter Partnership, Inc., *An Assessment of Los Angeles County's Emergency Shelter System*, (August, 2005) : 35.
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There are some interesting findings when combining the prior living situation and disability data. Among physically disabled homeless older adults, for instance, a remarkable 10% identified the hospital as their prior living situation. And we found a greater likelihood that someone was coming from the streets if they reported a mental disability. For example, among older adults reporting mental disabilities, 34% came from the streets while 28% arrived from another emergency shelter, whereas 41% of transitioning older adults reporting a mental disability lived most recently on the streets.

7. Duration of Homelessness and Housing Instability

Our findings demonstrate that long-term homelessness and housing instability are common experiences for homeless older adults. We found approximately one-third of homeless older adults had been homeless for a relatively short period of time (less than 30 days) prior to intake at New Image, but a comparable segment (32%) whose homelessness exceeded one year. Differences in homeless durations between the two age cohorts were similar. With respect to housing stability, interviewees at New Image reported that during the three years before entering the shelter, they had lived on average in three other living situations.

With a sizable portion of New Image clients reporting being homeless for one year or more at intake, there is genuine concern that this population's homelessness is more chronic in nature. We are in essence witnessing older adults aging in the shelters, treating these settings as their permanent abodes. And there are ample reasons for this given their health conditions, limited if not fixed incomes, and lack of advancement opportunity through economic or social mobility (e.g., employment or marriage). The New Image interviews bear testament. Of the 23 interviewees who offered us the length of time for their current New Image stay, 43% had resided a year or more at the shelter.

An interesting finding from the literature review is that women are inclined to become homeless for the first time later in life, often the result of divorce or death of a spouse or other caretaker.

D. The Need for Permanent Supportive Housing

We knew at the outset of our research and planning that, in Los Angeles County at least, there are large segments of the homeless population that are "older" and/or frail even, but there are no affordable housing developments that fully target them. It was not until this project was well underway that we clarified the forces behind this housing trend: the lack of dedicated funding to support program development for this narrow a focal population; little need to distinguish this population during data collection or planning at the project sponsor or site level based on the public funding environment; and a nervousness among developers who may not be experienced serving the homeless or special needs populations and thus, either are reluctant to stray too far from their core constituency and/or who cannot step in and pursue such housing without firm linkages with service providers and service subsidies to make the investment worthwhile. In the end, we are left with a growing sense of urgency to handle this "quiet crisis" that looms for our seniors and homeless adults, but insufficient resources, partnerships, and infrastructure to meet this need.

As we look ahead after more than a year of research and reflection on this issue, we both heard and saw a consensus that permanent supportive housing, or as some would say subsidized independent housing with linkages to social services, appears to be the housing model of choice to best serve homeless older adults. Clearly, we heard compelling interest too in other housing models and philosophies (e.g., licensed care facilities or harm reduction programs), but overwhelmingly, our stakeholder discussions and our site visits confirmed what is fast becoming the paradigm in addressing homelessness throughout our communities: provide the homeless with affordable housing that is integrally linked to supportive services in order to make the housing not only financially viable for the tenant but also a situation that can be maintained over time to truly end one's homelessness.

Both the service providers (including nonprofit and government agencies) we met with and the clients we interviewed who were participating in New Image's Year Round Shelter Program expressed their support for some form of permanent supportive housing. All twelve service providers we polled identified subsidized independent living in an apartment with on-site social services as a needed housing option for homeless older adults, including four who selected it, above all others, as the most needed housing type. We heard a parallel preference among the clients themselves, who were nearly unanimous in embracing housing that was affordable, service-enriched, independent and not shared, and near social services, public transportation, and other amenities. Though we did not pose this same question to the special needs or senior housing developers, we understood from them more peripherally that any lasting housing solution would have to combine all of the above features and receive sufficient public subsidies to ensure project feasibility.

The need for permanent supportive housing for homeless older adults then is more than the local application of a national trend or even a logical response to a population whose incomes are severely limited (if not fixed) and who already (if not soon) require a range of medical and mental health interventions. Certainly, pursuing this housing model is an important step in aligning our collective interests in adopting home- and community-based care models that allow older adults to live independently without the risk of institutionalization.

If we heard anything in our conversations with homeless and formerly homeless older adults, it was that they want choices in the housing and services they receive. Yet permanent supportive housing also needs to be the cornerstone of a hybrid approach that, to put it simply, may not be a temporary or final destination for some of our focal population. Our conversations with tenants at Skid Row Housing Trust's Rainbow Apartments, for instance, highlighted the value of our local Continuum of Care and its short-term housing programs and access centers as critical resources in establishing a foundation to successfully transition to permanent housing.

At the same time, we know there are other very frail homeless older adults, several of whom have recently spent significant time in institutions or hospitals, that have long-term care needs that truly warrant more structure, from recuperative care programs to more permanent settings that allow for live-in aides, for them to gain more independence in their life.

Still other stakeholders spoke of those aging on the streets or in shelters, and the negative impacts those experiences have on one's mental and physical health, as cause to pursue more tolerant housing and service models that follow harm reduction principles.

Yet the demand for permanent supportive housing also needs to be a galvanizing force to encourage or pressure cooperation among stakeholders (both the nonprofit housing and services sector and local government) responsible for low-income senior or homeless adults. As we sit on the precipice of an unprecedented social phenomenon, the arrival of the Baby Boomers as full-fledged seniors eligible for Social Security benefits, our region faces the risk of falling even farther behind with housing preservation and production strategies as housing demand and insecurity balloons. While efforts to keep older adults housed is of acute need, especially for the more than 80% of senior households that will be homeowners by 2020, generating a pipeline of permanent supportive housing requires tremendous coordination and partnerships.

We know the components of a solid permanent supportive housing program for this population: maximizing the availability of on-site services, incorporating building design techniques to ensure accessibility, and a healthy balance between tenant independence and a sense of community. But we lack the provider capacity and intergovernmental (if not interdepartmental) focus to put these lessons to practice. There is not a single nonprofit agency whose mission is to address the housing needs of homeless older adults in Los Angeles County.

We heard very clearly that the most logical target, existing housing providers serving homeless populations, would need additional incentives to tackle this group, from capital costs through to service subsidies. And those that are well-equipped to produce affordable senior housing are at best willing to not jump wholeheartedly into full-scale development for homeless older adults, but to modify their existing practices to make it easier for this target group to access their programs. Those willing to go further reiterated the need for firm linkages with social service agencies that could guarantee them the physical, mental, and emotional support these residents would need to thrive in their housing environment. Thus, there is both a need for an intermediary that can guide this housing agenda and connect partners, as well as a development entity that can begin to fulfill our production goals.

E. Looking Ahead

Despite the compounding medical and economic conditions facing homeless older adults in Los Angeles County, we have reason to be optimistic that tangible, pragmatic, and cost-effective solutions need not remain out of sight. In some senses, we have much room for improvement given the lack of priority that has defined our relationship with homeless older adults to date. While the more nuanced and deep-rooted disconnect between the housing and health systems for homeless older adults stands as a major impediment, one that will take time to bridge, we are encouraged by even small signs of progress during the course of our 21 months formulating this plan. We close this summary with five illustrative examples.

For one, while we were working on the plan, community agencies and nonprofit developers began working on developing permanent, supportive housing for older homeless adults. Union Rescue Mission's 22-unit Sequoia Lodge, north of Sylmar, provides housing for homeless

women who are 55 years of age or older. Skid Row Housing Trust has broken ground on a new development near the California Medical Center downtown, New Carver apartments that will provide 97 efficiency apartments for disabled adults as well as older homeless adults. PATH is a general partner in a proposed 92-unit Bonnie Brae Village Apartments in the Westlake neighborhood of Los Angeles in which half of the units will be for permanent supportive housing for homeless seniors with disabilities. And A Community of Friends (ACOF) is in the design stage to develop a 43-unit permanent supportive housing development for older homeless adults ages 55 years and over in the North San Fernando Valley. An experienced mental health provider for older adults, Heritage Clinic, will provide the supportive services. The need for this type of housing and the relationship between ACOF and Heritage Clinic were cemented as a result of their participation on the Advisory Committee.

Second, the work of the Homeless Older Adults Advisory Committee has been impressive and improved our product significantly. It has also united a range of voices that are integral to moving our recommendations forward.

Third, the willingness of senior affordable housing providers, such as Menorah Housing Foundation, to deviate from their previous marketing practices and include in their outreach and marketing a reputable mental health and homeless services provider in the San Fernando Valley, shows us that expanding housing options for homeless older adults is more than simple housing production. Indeed, we look forward to tracking the results of that approach, as it could lead us to work with other housing providers of that type to embrace a similar strategy.

Fourth, our conversations with the Los Angeles Housing Department were also positive, even allowing us to discuss the topic off-script and outside the confines of the survey instrument. At that interview, the LAHD General Manager delighted us to share that she would be willing to incorporate a set-aside for homeless older adults within the City's Permanent Supportive Housing Program, as well as to consider other incentives to help developers incorporate units and services for homeless older adults in their housing.

Fifth, we must acknowledge the foresight shown by the Los Angeles County Department of Mental Health to delineate older adults as a focal group in their Community Services and Supports Plan for State Mental Health Services Act funding. Through a variety of approaches, most notably by targeting homeless older adults in their Full Service Partnership programs, the population's access to tailored mental health services, specialized staff, and other wrap around services has greatly improved.

Sixth, the Executive Director of the Los Angeles County Community Development Commission urged Shelter Partnership to take a lead role in the efforts to end older adult homelessness, indicated his willingness to work collaboratively toward this end, and provided entrees to potential services partners.

And lastly, we cannot overlook the incremental but steady implementation of the State's Assisted Living Waiver Pilot Project in Los Angeles County. What at first appeared to be a demonstration project well below the radar now is poised to remain a permanent resource that can link publicly funded senior and disabled housing developments with homeless older adults with long-term care needs.

F. Recommendations

In Section 2, we detail our findings and recommendations. Here we highlight only the top six individually pressing recommendations embodying essential approaches to ending older adult homelessness.

Recommendation 1. Establish a housing development corporation to focus on the development of permanent, supportive housing for fragile homeless older adults such as has been successfully accomplished by Hearth in Boston, the West Side Federation for Senior and Supportive Housing (WSFSSH) in New York City, and Senior Community Centers in San Diego.

Recommendation 2. This set of recommendations addresses the need for inclusion of housing for older homeless adults in programs for special needs and senior populations:

- a. Develop a standardized definition for homeless older adults that can be used operationally within State, county, and municipally funded housing finance programs. Similarly, develop with stakeholders a consensus of basic supportive services and design standards that should be included as minimum requirements for affordable housing developments that target them.
- b. Advocate that policymakers within City and County of Los Angeles, respectively, establish a funding principle that all affordable senior housing developments that receive a capital funding commitment through their respective jurisdictions set-aside 10% of available units to homeless older adults.
- c. Expand the range of target populations that are eligible for supportive housing units through the Permanent Supportive Housing Program (PSHP) to include homeless older adults. Establish a reservation within the Permanent Supportive Housing Program that sets aside 10% of available funding per round for developments targeting homeless older adults.
- d. Expand the target populations eligible for City of Industry funding to include homeless older adults.

Recommendation 3. Actively develop linkages between homeless service providers with administrators of affordable senior housing, such as HUD Section 202s and Section 8 senior buildings, to overcome application, screening, and wait list barriers including background checks, lack of addresses and birth certificates, and move-in costs. Encourage the service providers to provide ongoing support to assure long-term tenancies.

Recommendation 4. Target 250 tenant-based Section 8 subsidies annually through the various housing authorities (HACLA, HACoLA, and other local cities housing authorities) for at least the next four years for homeless older adults. Identify and fund service providers to assist with housing search and leasing functions.

Recommendation 5. Expand and utilize the state Assisted Living Waiver Pilot Project (ALWPP) to serve homeless older adults in public housing for seniors.

Recommendation 6. Initiate a pilot program targeting homeless older adults aged 62 or older in year-round shelters, using County Homeless Prevention Initiative funds. Establish mobile resource teams of gerontologists and other specialists to help seek out and assist homeless older adults. Create interdisciplinary teams that can build trust including a geriatrician, psychiatric specialist, medical staff, dental staff, income specialist, and housing specialist.

SECTION 2: RECOMMENDATIONS

As presented in the Executive Summary, Shelter Partnership's Los Angeles Homeless Older Adults Strategic Plan is motivated by both a moral imperative to identify and meet the rising needs of an historically neglected population, but also to challenge our public systems of care to adopt strategies to better serve this population. With adoption of these strategies must come major financial commitments from all levels of governments as well as from the private sector.

Many in our community recognize that the problem of homelessness in Los Angeles is enormous, and seemingly, intractable. However, with this Strategic Plan – inclusive of its findings and recommendations – Shelter Partnership is presenting not only the problem, but also a potential solution to this enigmatic piece of the homelessness puzzle.

There are between 3,000 and 4,000 homeless aged 62 and above in Los Angeles County. With this plan, Shelter Partnership is offering a statement of principle and solutions: the problem of older adult homelessness in Los Angeles should and can be solved. Over the next several years, Shelter Partnership also commits to taking a major convening and catalytic role in solving older adult homelessness.

To solve older adult homelessness, we must build a consensus that older adult homelessness in Los Angeles can be solved. We must educate all stakeholders including elected officials, Commissioners, department heads, non-profit direct service providers, foundations and the general public about the mutual benefit of pursuing affordable housing for homeless older adults for both client outcomes and public savings to build a consensus that older adult homelessness in Los Angeles can be ended.

This section presents Shelter Partnership's recommendations for ending older adult homelessness in Los Angeles County. While the Advisory Committee was very helpful in advising us on the needs of the population, Shelter Partnership takes full responsibility for the following recommendations based on our research and convening work.

The recommendations address the following areas: *Permanent Supportive Housing*, *Access to Existing Housing*, and *Outreach to Shelters and Streets*. For each focus area, we first present summaries of related key findings (which are articulated more fully and contained elsewhere in this report), followed by the core recommendations themselves.

While we do not have recommendations associated with Prevention, it does not reflect the importance that we assign to such efforts. Rather, we do not have feel that we have a sufficient foundation to make such recommendations at this time that truly address this need beyond broad policies that could be applied to any subpopulation. However, we do note that the City of Santa Monica has been at the forefront in the region in trying to prevent older adult homelessness and their experience will inform future efforts that need to be undertaken.

A. Invest in Permanent Supportive Housing

Findings

- At least one-third and perhaps as many as one-half or more of homeless older adults are chronically homeless, which means they either have multiple episodes of homelessness or have been homeless one or more years and have at least one disability.
- A consensus exists among all stakeholders including developers, senior housing providers, social services agencies, government officials, and most importantly homeless older adults themselves, that permanent supportive housing is the housing model of choice to best serve chronically homeless older adults.
- While non-profit developers who focus in supportive housing for homeless older adults have seen success in other cities, including Boston, New York, San Diego, and San Francisco, no such development entity exists in Los Angeles.
- Existing special needs housing developers serving homeless populations have been clear that they would need additional incentives to target homeless older adults, from capital costs through services.
- Special needs housing developers who would serve homeless older adults would first need firm linkages with social service agencies that could guarantee the physical, mental, and emotional support these residents would need to thrive in their housing environment because of the special challenges of the population that include disabilities in 62% of the population, including acknowledged mental illness in 20% of that population and physical disabilities incidence rate of 89 percent in the disabled population.
- The design of permanent supportive housing for homeless older adults needs to maximize the availability of on-site services, incorporate building design techniques to assure accessibility, and a healthy balance between tenant independence and a sense of community, as described in Section 9 of this Plan.
- Sixty-nine percent of homeless older adults reported that they have income from Supplemental Social Security (SSI), Social Security, or Social Security Disability Insurance, which can be used to pay rent in permanent housing. Of all older adults with an income, their mean monthly income was \$773 and their median monthly income was \$800.
- Twenty-eight percent of homeless older adults are veterans, which is twice as high as the incidence in the general homeless population in Los Angeles County.
- HR 2930, approved by the U. S. House of Representatives in December 2007 to reauthorize the Section 202 Program, and now awaiting action by the Senate Committee on Banking, Housing, and Urban Affairs, presents an opportunity to revise the Section 202 funding criteria to allow targeting of units for homeless older adults.

Recommendations

Recommendation A.1. Establish a housing development corporation to focus on the development of permanent, supportive housing for fragile homeless older adults such as has been successfully accomplished by Hearth in Boston, the West Side Federation for Senior and Supportive Housing (WSFSSH) in New York City, and Senior Community Centers in San Diego.

Recommendation 2: This set of recommendations addresses the need for inclusion of housing for older homeless adults in programs for special needs and senior populations:

- a. Develop a standardized definition for homeless older adults that can be used operationally within State, county, and municipally funded housing finance programs. Similarly, develop with stakeholders a consensus of basic supportive services and design standards that should be included as minimum requirements for affordable housing developments that target them.
- b. Advocate that policymakers within City and County of Los Angeles, respectively, establish a funding principle that all affordable senior housing developments that receive a capital funding commitment through their respective jurisdictions set-aside 10% of available units to homeless older adults.
- c. Expand the range of target populations that are eligible for supportive housing units through the Permanent Supportive Housing Program (PSHP) to include homeless older adults. Establish a reservation within the Permanent Supportive Housing Program that sets aside 10% of available funding per round for developments targeting homeless older adults.
- d. Expand the target populations eligible for City of Industry funding to include homeless older adults.

Recommendation A.3. Develop supportive housing units for older homeless veterans on Veterans Administration property throughout the County.

Recommendation A.4. Elected officials should support HR 2930 to revise the Section 202 funding criteria to allow space for services and funding for case management for special needs tenants, and permit Section 202 owners to establish a preference in tenant selection for the homeless elderly, if the owners provide supportive services to meet the needs of homeless older adults.

B. Greater Access to Existing Housing

Findings

- Many homeless older adults become homeless for the first time late in life. For many who first become homeless as older adults, housing affordability is the primary barrier to permanent housing; they have a much lower level of service needs than do chronically homeless older adults.
- Homeless older adults face barriers to accessing subsidized housing appropriate to their needs because of application, screening and wait list practices that we have shown through partnerships with social services agencies and understanding housing providers can be successfully overcome.
- The Assisted Living Waiver Pilot Project (ALWPP) has proven effective in allowing low-income older adults to live independently with appropriate services in Residential Care Facilities for the Elderly (RCFEs). Although implementation has been slower in public housing, the model should work there, too.
- Other programs, like the Program of All-Inclusive Care for the Elderly (PACE), an optional benefit under both Medicare and Medicaid that focuses entirely on older adults who are frail enough to meet State's standards for nursing home care, also allow individuals who are at least 55 years old to live safely in a community setting with a comprehensive medical and social service delivery system using an interdisciplinary team approach in an adult day health center that is supplemented by in-home and referral services in accordance with participants' needs.

Recommendations

Recommendation B.1. Actively develop linkages between homeless service providers with administrators of affordable senior housing, such as HUD Section 202s and Section 8 senior buildings, to overcome application, screening, and wait list barriers including background checks, lack of addresses and birth certificates, and move-in costs. Encourage the service providers to provide ongoing support to assure long-term tenancies.

Recommendation B.2. . Target 250 tenant-based Section 8 subsidies annually through the various housing authorities (HACLA, HACoLA, and other local cities housing authorities) for at least the next four years for homeless older adults. Identify and fund service providers to assist with housing search and leasing functions.

Recommendation B.3. Expand and utilize the state Assisted Living Waiver Pilot Project (ALWPP) to serve homeless older adults in public housing for seniors.

C. Create & Mobilize Interdisciplinary Outreach Teams Targeted to Shelters and Streets

Findings

- At New Image Shelter, 24% of homeless older adults aged 62 and up reported receiving no income, as did 27% of those aged 62-64.
- Among older adults reporting disabilities, 17% of those with physical disabilities, 13% of those with mental disabilities and 6 percent of those with both disabilities received no income.
- Chronically homeless people frequently suffer from untreated dental problems, eye problems, hypertension, cirrhosis, HIV infection, diabetes, skin diseases, osteoarthritis, frostbite, and immersion foot. At least one-half of our older adult interviewees suffered from dental problems (60%), eye problems (50%), hypertension (50%), and arthritis (50%).
- The Los Angeles County Department of Mental Health's in the Full Service Partnership (FSP), Field Capable Clinical Services (FCCS), and GENESIS programs demonstrate the efficacy of mobile outreach teams.
- The literature and experiences from other cities experiences that we reviewed very clearly demonstrates that outreach workers must gradually build trust with homeless older adults to before they become receptive to services and transitional and permanent supportive housing.
- Experts studying morbidity among the homeless include being aged over 60 as an indicator of vulnerability.

Recommendation

Recommendation C.1. Initiate a pilot program targeting homeless older adults aged 62 or older in year-round shelters, using County Homeless Prevention Initiative funds. Establish mobile resource teams of gerontologists and other specialists to help seek out and assist homeless older adults. Create interdisciplinary teams that can build trust including a geriatrician, psychiatric specialist, medical staff, dental staff, income specialist, and housing specialist.

The *Homeless Older Adults Strategic Plan* is available online as a PDF document on Shelter Partnership's website. To access the full report, please go to:

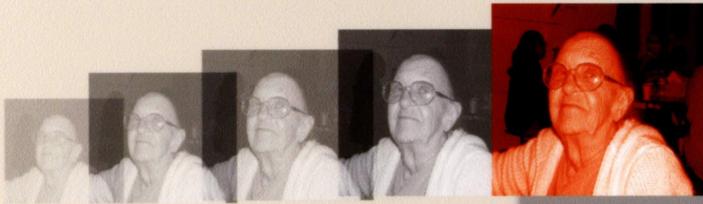
<http://www.shelterpartnership.org/Studies.htm>

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These faces have hopes.... dreams.... and names



It's not so black & white



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