

Aging without Support: Reorienting Supportive Services for Older Adults in Supportive Housing

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Between 2017 and 2018, the Greater Los Angeles annual point-in-time count showed that the single biggest increase in homelessness was the 21% increase among adults aged 62 and older.¹ Recent estimates show that in Los Angeles and elsewhere in the country, the older adult homeless population will continue to grow over the next decade and will incur increasing medical and nursing home costs.² Fortunately, research has demonstrated that permanent supportive housing (PSH) using a housing first approach can effectively end homelessness and reduce costs by avoiding unnecessary shelter, social service and medical costs.³⁻⁵ In Los Angeles, investment in PSH has been significant. This includes innovative programs including LAC DHS's Housing for Health (HFH) that was created in 2012 to increase the supply of PSH and Intensive Case Management Services (ICMS) as well as recent voter-approved measures to fund the creation of new PSH and funding for ICMS over the next 10 years through a \$1.2 billion bond and a ¼% sales tax increase.

The majority of the funding provided to support services in PSH are directed through HFH, whose mission is to meaningfully serve the most vulnerable, medically complex and challenging people experiencing homelessness, place them into PSH and ensure excellence in service delivery by ICMS through contracted non-profits. DHS operates all of the public hospitals and over 30 comprehensive health clinics and ambulatory care centers which put this system front and center of being the safety net of a growing population of unhoused people with little or no health insurance. HFH has provided funding and oversight for supportive services for over 8,000 people who have been placed in PSH (over half of the people housed in LAC in PSH). HFH is uniquely equipped to address this pressing issue with broad impact as it now finds itself in the position of extending people's lives through quality ICMS care, in home care supports and when needed, and dignity with end of life care.

Approximately 80% of the people housed in HFH are 40 years and older and 62% are 50-70+ years old and a majority of them are chronically homeless. The chronically homeless population in the United States has an average age over 50 years old² and experiences accelerated aging,³ including an elevated prevalence of geriatric syndromes such as functional impairment, falls, and urinary incontinence that can jeopardize PSH tenants' ability to live independently and "age in place."⁴ Current support services need to address these needs, which otherwise could jeopardize the success of PSH to maintain high rates of housing stability while tenants "age in place."

What has not been established is whether PSH can adequately meet the demands of an older adult population whose functional age is significantly older than its chronological age given a high disease burden that includes the early onset of geriatric conditions (e.g. functional impairment, frailty, falls) and premature mortality.^{6,7} In fact, research on PSH in LAC suggests that PSH programs are not prepared or oriented to the needs of older adults with no clear clinical guidelines or standards that have been informed by best practices for an aging population.⁸⁻¹⁰ Ultimately, if PSH is not able to reorient its services to support tenants aging in

place, assumptions about cost reductions may be undermined if higher levels of care such as nursing homes are needed and returning to homelessness becomes a possibility.

Proposed Best Practices

While we view the continued expansion of PSH as a necessary part of addressing homelessness, we are also advocating that these efforts better consider the needs of a growing older adult population. In order to achieve this aim, we propose the following, and provide some specific examples:

1. Require that universal design concepts be integrated into all new construction of PSH and provide capital support home modifications for existing units.
 - a. Universal Design should be a required feature of new supportive housing developments which are specifically built to house people experiencing homelessness. While some modifications can be done retroactively (e.g., floors and bathtubs with non-slip surfaces, improved lighting, lever door handles and rocker light switches, etc.) many need to be incorporated at the design phase (e.g., no-step entry, wide doorways and hallways to accommodate wheelchairs, open accessible spaces, and one-story living, etc.).
2. Create additional slots and implement an expedited process to utilize the state Medi-Cal waiver programs to better assist older adults living in PSH. Expand slots in the Assisted Living Waiver Program (ALWP) and the Home and Community Based Waiver dedicated to counties/cities and regions where there is an investment in intensive case management services for people experiencing homelessness. These waivers complement the social services delivery system for the older adult population living in supportive housing to receive quality around the clock care onsite in project based housing while reducing the need for hospitalizations and use of skilled nursing facilities.
 - a. The Star Apartments in Skid Row (owned and operated by Skid Row Housing Trust) is one example of HFH, DHCS and The Trust partnering to create a pathway for the ALWP to provide onsite care. The ALWP provides that the Star, which houses 100 formerly homeless HFH residents, to utilize a shared home health provider to prevent multiple home health care workers coming in and out of buildings which can be chaotic, and often leads to safety issues and needless inefficiencies. Moreover, on the ground floor, the Star houses a clinic operated by DHS, which serves both Star residents and the surrounding community.
3. Modify and incorporate into PSH evidence-based interventions developed to support older adults in the community. There are numerous evidence-based interventions designed to better support older adults living live healthy and productive lives in the community, and include chronic disease management (e.g. Stanford CDSMP program), fall prevention, and nutritional support (e.g. Meals on Wheels).
 - a. CAPABLE: CAPABLE, which stands for “Community Aging in Place—Advancing Better Living for Elders” is a client-directed home-based intervention that consists of time-limited services (no more than 6-months) from an occupational therapist, a nurse, and a handyman working in tandem with the older adult client as an interprofessional team. CAPABLE is approved by the National Council on Aging as an evidence based falls prevention program and is recognized by Federal and State agencies as an effective program for improving health and decreasing costs among older adults. To best work in PSH we propose that the team have

additional modifications such as integration of Social Workers, Case Managers, and Peer Advocates.

- b. PACE: PACE is a Program of All-inclusive Care for the Elderly (PACE) is home/community-based program designed to keep older adults who are at risk higher level care living in their current home. PACE is a partnership between a local sponsoring organization, and Medicare and Medicaid health insurance programs. Similar to CAPABLE the main goal is to best facilitate aging in place.
4. Provide cross-training between aging and homeless services. This work has started in LAC and should be supported statewide. Not only should this cover policy but training in evidence based models, certifications, and general trainings on how to work with an aging population.

Conclusion

It is positive that now many large cities and counties across California are addressing homelessness by building more PSH throughout the state and investing more funding and attention to this issue. However, we need to ensure that everyone who is housed stays housed. Therefore we must, as a state-wide community, act quickly to better address a rapidly aging population in PSH. We believe based on the studies cited and current state of health in PSH that the next 24 months constitute a critical point in time to implement specialized services in existing PSH units/buildings. This is necessary to stability in housing when looking forward in the coming years in Los Angeles County specifically - as the County and City have committed to rapidly expanding PSH services over the next 10 years. We believe that incorporation of all of the above recommendations will greatly improve our ability to ensure that all older adults are able to successfully age in place, especially older adults who have experienced homelessness. This issue, unless addressed properly will potentially erase the cost savings that placing someone in PSH achieve, decrease the quality of life for our most vulnerable population, and potentially put more at risk of falling back into homelessness. Everyone deserves to age with dignity and age with health; we must ensure that our most vulnerable neighbors, those who have experienced homelessness are given that opportunity.

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