



Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing

Revised Policy Paper Prepared for the National
Leadership Initiative to End Elder Homelessness

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We would also like to thank those who attended the National Convening on Ending Elder Homelessness on October 20th, 2011. The enthusiastic and thoughtful participation by those in attendance made for many robust discussions throughout the course of the day and formed the basis for the revisions that have been made to this policy paper.

Preface

Hearth, Inc. and CSH have joined together to further a national dialogue about the impending crisis of homelessness among older adults and elders, and the importance of permanent supportive housing as an effective model to address this issue. To build a National Leadership Initiative to End Elder Homelessness, Hearth and CSH recruited a National Policy Advisory Panel (Appendix A) comprised of policy makers, advocates and providers.

To inform the work of the Panel and building on work done under the partnership, a National Convening on Ending Elder Homelessness was held on October 20th, 2011 at United Way Worldwide, in Alexandria, Virginia. Fifty-eight participants, representing government officials, policy makers, health care providers, service providers, housing developers and property managers came together for a vibrant day of conversation and policy development focused on the unique needs of this population. The full agenda, including all featured speakers, experts and panelists, is included as Appendix B. Highlights of the Convening are included as Appendix C and a list of the Convening attendees as Appendix D.

A version of this paper was provided to participants in advance of the Convening. It has been revised and expanded based upon the discussions that occurred during and following the Convening.

Introduction

Predictably, mostly due to the Baby Boom Generation, the population of the United States over 45 has been growing faster than younger populations. Between 2000 and 2010, the population of persons ages 45 to 64 years old grew 31.5 percent. The population of persons aged 65 and older also grew faster than most younger population groups.¹ This same trend is being observed among the population of persons experiencing homelessness particularly among those aged 50-64, referred to as “older adults.” Without access to affordable housing and the services they need to stabilize, many among this population will not live to become part of the 65 and older group referred to as “elders.” Older adults who are experiencing homelessness have three to four times the mortality rate of the general population due to unmet physical health, mental health, and substance use treatment needs.² The combination of issues typically associated with homelessness such as mental health and substance abuse with those related to aging such as reduced mobility and a need for assistance with daily activities is requiring that elder housing and services providers develop creative solutions. Fortunately, permanent supportive housing with flexible services is a model that works to address homelessness among older adults and elders. This paper will highlight components of successful models that combine affordable housing and supportive services for this population. It will also propose policy recommendations at the federal and state levels to facilitate the work of ending homelessness.

What Do We Know about Aging Among the Population of Persons Experiencing Homelessness?

Increase of Older Adults, Persons Aged 50-64, among the Population of Persons Experiencing Homelessness

In studies across the country, there appears to be a clear upward trend in the proportion of persons aged 50-64 among the homeless population. This age group is typically referred to as “Older Adults.” The Sixth Annual Homeless Assessment Report to Congress found that the sheltered homeless population age 51 to 61 has grown from 18.9% of total sheltered persons in 2007 to 22.3% in 2010.³ These increases primarily coincide with the aging of the population of persons known as “baby boomers” in the population as a whole. Research by Dr. Dennis P. Culhane has documented that this cohort has had an “elevated and sustained risk for homelessness over the last twenty years” due to a combination of social and economic factors.⁴

Proportion of Older Adults among Persons Experiencing Chronic Homelessness

The U.S. Department of Housing and Urban Development currently defines “chronically homeless” as an individual or family head of household with a disabling condition who “has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years, where each homeless occasion was at least 15 days”⁵ In correspondence regarding his paper, “The Age Structure of Contemporary Homelessness: Risk Period or Cohort Effect?” Dr. Culhane indicates that “[T]he emergent

'aging homeless' population is primarily from the cohort born between 1954 and 1964. Their average age is 53 right now, with a life expectancy of 64." Dr. Culhane further estimates that approximately one-half of the current chronic homeless population is from this cohort or just adjacent to it for a total of 55,000 individuals at a point in time. This number can be expected to double over a two to three year period. Among this population, Dr. Culhane believes that "[T]heir chronic disease management issues are going to increase dramatically over the next ten years, and presumably their acute and long-term care costs [will also increase.] Without housing and care management, many will need nursing home placements."⁶

Status of Elders, Persons Aged 65 and Older, Among the Homeless Population

Although the primary increase among the homeless population has been among older adults as defined above, the Sixth Annual Homeless Assessment Report to Congress showed that between 2007 and 2010 the number of sheltered homeless individuals over 62 increased slightly to 4.2%. The relatively low percentage of this population of "elders," persons age 65 and over, among the current homeless population may be due to the increased availability of subsidized housing for seniors (at age 62,) Medicare (at age 65) and Social Security benefits (at age 65) among this age group. It may also be due to the low average life expectancy of 64 for older adults experiencing homelessness per Dr. Culhane's research. It is expected, however, that this age group among those experiencing homelessness will continue to grow particularly as the baby boomer cohort continues to age.

Aging in Place in Permanent Supportive Housing

In addition to the aging of persons who are currently experiencing homelessness, the population of older adults and elders in permanent supportive housing appears to be significant. The Chicago study "Homeless Over 50: The Graying of Chicago's Homeless Population" found that "in a number of housing programs for people who are homeless, the proportion of older residents is reaching 50%."⁷ Similarly, the population of individuals aged 51 and up in permanent supportive housing in "The Sixth Annual Homeless Assessment Report to Congress" was 39.8%.⁸ A 2009 study by Hearth, Inc., a supportive housing program targeting homeless older adults and elders in Boston, Massachusetts, found that one-third of Hearth, Inc. residents were between 65-74 and 22% were over age 74.⁹ As these individuals age, they may require additional specialized services and modifications to their housing units in order to maintain housing stability and prevent them from unnecessarily going to long-term care.

How are Older Adults and Elders who are Experiencing Homelessness Different than Younger Adults?

Health Status Relative to Younger Adults

The most notable difference between older and younger homeless adults is the older adults' compromised health status; one study found that they were 3.6 times as likely to have a chronic medical condition as homeless adults under 50.¹⁰ Another study found that 85% of homeless persons over age 50 reported at least one chronic medical condition.¹¹ Homeless adults between ages 50 and 62 often have healthcare needs similar to those of people who are 10 to 20 years older. The harsh conditions of life on the streets

exacerbate existing chronic health conditions as well as illnesses that grow more common with age, such as diabetes, cardiac disease, circulatory problems, and hypertension. While such illnesses are always challenging to manage, living on the streets or in a shelter creates multiple barriers to adherence to medical regimens. For example, homeless persons may lack access to refrigeration for medications, their prescribed diets may be compromised by limited menu choices at food banks or shelters, and getting adequate rest is challenging when shelters close early in the mornings. Their physical health is further compromised by exposure to extremes of heat and cold on the street, and by exposure to contagious illnesses in shelters.

Cognitive Impairments

Older homeless adults are also more likely than younger homeless adults to have cognitive impairments.¹² Such impairments may result from dementia, depression, long-term effects of alcohol abuse, or be caused by health conditions such as cardiovascular problems.¹³ Regardless of the cause, cognitive impairments can impact a person's ability to follow medical recommendations, to successfully seek out healthcare services and to navigate the systems that provide public benefits, services and housing opportunities.

Mental Health and Substance Use

Though their physical healthcare needs are considerable, like other people who have been homeless for long periods of time, older homeless persons may have co-occurring mental illnesses and/or substance abuse disorders. While experts estimate that 30% of the general homeless population has a mental health condition,¹⁴ 56% of Hearth, Inc. residents reported having one or more diagnosed mental health conditions and almost three-quarters reported feelings of sadness and depression. These mental health conditions are often co-occurring with substance use, chronic physical health ailments, or both. About 40% of Hearth, Inc. residents reported past alcohol or drug problems along with chronic health conditions that include 69% with heart or circulatory problems, 61% with high blood pressure, 52% with diabetes and 52% living with arthritis.¹⁵ These characteristics are typical of older adults and elders experiencing homelessness.¹⁶ Any organization working with this population must have the capacity to meet their high service needs.

Mortality Rate

Unfortunately, these complicated, and often unmet, physical health, mental health and substance abuse needs lead to a mortality rate for older adults and elders experiencing homelessness that is three to four times that of the general population.¹⁷

How Can We Prevent and End Homelessness among Older Adults and Elders?

Preventing Homelessness among Older Adults and Elders

Although the focus of this paper is primarily on addressing the needs of homeless older adults and elders who are already experiencing homelessness, developing strategies to prevent homelessness among older adults and elders who are at-risk is also critically important. In research conducted by Shelter Partnership

to inform their “Homeless Older Adults Strategic Plan,” many formerly homeless persons revealed that “discharge from hospital or illness/medical problems led to their homelessness.” This led to the conclusion that, “It seems that better discharge planning and more avenues for managing health problems might have prevented the homeless status of a significant number of transitioning and older adults.”¹⁸ This is consistent with research indicating that coordinated discharge planning can form the foundation for a comprehensive community homelessness prevention strategy.¹⁹ Recently HUD launched the Homeless Prevention and Rapid Rehousing Program (HPRP) using funding from the 2009 American Recovery and Reinvestment Act). Although the data that is available to date on HPRP indicates that only a small percentage (5.0%) of the total clients served were age 55 and over, this program still offers a potential model of prevention for this population. Comprehensive outcome data is only available on the first year of the program, but reflects that “94 percent of all HPRP program participants, for whom destination at exit was known, exited to a permanent housing destination.”²⁰

Effectiveness of Permanent Supportive Housing for this Population

Given the multiple, high risk physical and behavioral health conditions experienced by the older adult and elder homeless population, the provision of permanent, affordable housing linked to a comprehensive array of supportive services is essential. The provision of supportive housing is the first step towards stabilization of physical and mental health, for many older adults and elders who are experiencing homelessness. Without supportive housing, healthcare is likely to be received intermittently in emergency rooms and other crisis oriented health facilities, which is expensive and results in fragmented care. Supportive housing reduces the use of emergency services, resulting in significant savings of public dollars, while providing the coordination of physical and behavioral health services that is essential for older homeless adults. Supportive housing also reduces the likelihood that homeless older adults will be placed in nursing homes or convalescent care facilities. According to researchers Hahn, et. al, “New programs that integrate healthcare with more stable housing, such as supportive housing, may be important steps for avoiding end stage disease and institutionalization in older homeless persons with complex medical regimens needing frequent office visits.”²¹ In fact a recent case study by National Church Residences found that the cumulative annual cost savings for one of their buildings, the Commons at Buckingham, was greater than \$800,000 based on 18 residents who had moved into the permanent supportive housing development from skilled nursing care and group homes.

Defining Permanent Supportive Housing

Permanent supportive housing (PSH) is a model of affordable housing connected to supportive services typically targeted at individuals or families experiencing or at-risk of homelessness and who are likely unable to retain permanent housing without ongoing supports. Supportive housing should not be thought of as a separate and distinct intervention, but rather a combination of:

- affordable housing with deep subsidies and tolerant landlords/property management;
- care management (services engagement, motivational client-centered counseling, goal setting and services planning, services coordination, and connection to mainstream services);
- and evidence-based services models rooted in cognitive behavioral and family systems approaches.

Supportive housing models come in a variety of forms and configurations ranging from apartment buildings that exclusively or largely house formerly homeless (special needs) families or individuals to apartment buildings that mix special needs housing with general affordable housing units to rent-subsidized units leased on the private market to long-term set-aside units designated for special needs tenants within privately owned buildings. While the physical configuration may vary, supportive housing generally shares the following common features:

- Units are intended and designated for individuals or families who are homeless, at-risk of homelessness, and who have multiple barriers to independent living.
- Tenant households ideally pay no more than 30% of household income towards rent and utilities.
- The tenant household has a lease (or similar form of occupancy agreement) with no limits on length of tenancy, as long as the terms and conditions of the lease or agreement are met.
- All members of the tenant household have easy, facilitated access to a flexible and comprehensive array of supportive services designed to assist the tenants to achieve and sustain housing stability.
- Service providers proactively seek to engage tenants in on-site and community-based supportive services, but participation in such supportive services is not a condition of ongoing tenancy.
- Service and property management strategies include effective, coordinated approaches for addressing issues resulting from substance use, relapse and mental health crises, with a focus on fostering housing stability.

Permanent supportive housing has been demonstrated to be effective using a variety of measures. Studies from across the country have shown the following results when comparing the time before a person experiencing homelessness enters permanent supportive housing to the time after they are housed:

- Emergency room visits decline by 57%²²
- Use of emergency detoxification services decline by 87%²³
- The rate of incarceration declines by 52%²⁴
- More than 83% stay housed for at least one year²⁵

How is Permanent Supportive Housing Different from Assisted Living?

Although assisted living plays a key role in the continuum of housing and service options for older adults and elders, it is important to understand how this model differs from permanent supportive housing. Both models provide a range of supportive services targeted to the needs of older adults, but assisted living facilities typically provide a wider array of more intensive services and are certified and regulated at the state level. Assisted living facilities have 24 hour staffing, provide assistance with medication management, personal care, housekeeping and provide most meals. Many assisted living facilities have special units for memory impaired individuals. Typically an elder might move from supportive housing to assisted living if the need for more assistance becomes necessary. In permanent supportive housing, tenants hold leases in their own names and have complete independence with regard to entering and leaving their unit. These characteristics are shared by some, but not all, assisted living facilities.

What are the Key Elements in Developing Successful Permanent Supportive Housing for Homeless Older Adults and Elders?

Targeting Affordable Housing to the Older Adult and Elder Populations

Permanent supportive housing developers have been successfully creating housing for the older adult and elder populations using a variety of resources. Many such developments have been financed using sources of capital and operating funding that are not specifically targeted to this population. These sources, which include state and local capital funds, the Low Income Housing Tax Credit, the Federal Home Loan Bank Affordable Housing Program, Housing Choice Vouchers, and state and local rental subsidies, are those that have been commonly used in the development of permanent supportive housing for persons experiencing homelessness of any age. In addition to these funding sources, HUD Section 202 is the primary dedicated funding source for capital and operating funds for developments targeted to low-income elders. Although Section 202 developments do not automatically contain the robust services needed in permanent supportive housing, this funding can be combined with supportive services targeted to the needs of homeless elders in all or some of the units in a given development. Regardless of the funding source used to develop them, targeting units of housing to older adults and seniors who have experienced homelessness can both facilitate the inclusion of design features to address issues of aging and allow for the development of a package of services in line with best practices.

Developing a Comprehensive Services Plan that Emphasizes Coordination and Accessibility

A wide range of age appropriate services, often onsite, are needed by homeless older adults and elders in supportive housing. These services include: specialized outreach services, assistance with activities of daily living, 24-hour crisis assistance, physical health care, mental health care, substance use treatment, transportation services, payee services, care coordination with community providers, nutrition and meal services, and community building activities aimed at reducing isolation. This requires individualized health treatment plans that take into account the interplay of the chronic, often co-occurring, health conditions along with the normal physical and psychological changes that come with age. Making use of multi-disciplinary service teams that can provide “one stop” access, and facilitate coordination, has been found to be a successful approach. Providers have also found that offering services on-site is ideal for older tenants who might have difficulty traveling to off-site services.

Understanding the Specific Needs of Homeless Older Adults and Elders

Developing appropriate service plans for homeless older adults is frequently complicated by the interplay of the chronic physical illnesses, mental illnesses, and addictions with the normal physical and psychological changes that come with age. Experienced providers also report that older homeless persons are sometimes difficult to engage in services due to their belief that participation might result in being “put in a home,” losing their independence, or having their money taken from them. Age-related hearing and vision loss may also contribute to a sense of heightened anxiety and lack of trust. Older homeless adults are therefore best served by professionals who both possess knowledge of geriatric health care principles and who are sensitive to the fears and concerns of older homeless adults. Outreach workers who can meet

clients where they are and help to connect them to needed services can play an especially critical role in this process.

Providing Assistance Navigating Systems and Accessing Benefits

Assisting homeless older adults to access available housing, services and benefits may require making accommodations for age-related physical problems, such as loss of hearing and sight, mobility problems and general physical frailty. In addition, cognitive impairments can significantly reduce a person's ability to understand what benefits are available, to complete application processes and to follow-up with providers when needed. Despite these challenges, accessing public benefits is crucial, since it is unrealistic to expect many older persons with chronic health problems to increase their incomes through employment. Additionally, those who are able to work may have difficulty competing with younger workers for jobs. Veterans Benefits, Veterans Administration (VA) medical facilities, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicare, and Medicaid are all important safety net programs for residents. Often, especially for those with long episodes of homelessness, proving eligibility for these programs is complicated. In addition, homeless older adults and elders may not have the family support system--spouses, children, other relatives and friends--who can help them access programs by doing things like helping them remember important information or providing transportation to agency offices. There are effective strategies for navigating systems. For example, the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative has helped case managers across the country expedite SSI and SSDI eligibility determinations and reduced inefficiencies in the application process. In addition, veteran health facilities and benefit offices are partnering with the homeless system to ensure current and future veterans no longer experience homelessness.

Creating Housing that is Accessible, Safe and Allows Tenants to "Age in Place"

Homeless older adults may have significant challenges to completing activities of daily living (ADLs), such as cooking, cleaning, doing laundry and bathing, due to limited mobility or cognitive impairments and may benefit from living in housing that has been thoughtfully designed with safety in mind. Therefore, the use of Universal Design features is recommended to facilitate tenants' comfort, safety, and ability to live independently. At least some units should be accessible according to ADA guidelines, and it is recommended that other units are designed to be adaptable, that is, they can be easily converted into accessible units, if needed. In addition, offering housing units in a range of sizes, some of which can accommodate live-in aides, will increase older tenants' ability to successfully "age in place."

Planning for Medical and Cognitive Decline

Addressing the medical and/or cognitive decline of a tenant may require arranging for additional services, such as in-home care, visiting nurse services or even hospice services, in order to avoid a person having to move into an institution in his or her final days. Projects that serve homeless older adults will ideally have policies in place that permit stays in hospitals and convalescent care facilities without resulting in tenants' loss of housing. Despite staff and tenants' best efforts, some occasions may arise when it is appropriate to move a tenant to a setting that provides a more intensive level of care. In such circumstances, both

tenants and staff will benefit from having clear policies and procedures in place, and well-oiled referral routes, to smooth the transfer of the tenant to the more appropriate setting.

Strategies to Promote the Availability of Permanent Supportive Housing for Older Adults and Elders Experiencing Homelessness

As illustrated by the various systems engaged in the best practices explained above, coordination among a wide variety of federal, state and local systems is necessary to effectively end homelessness for older adults and elders. The following strategies and accompanying policy recommendations have been developed with the intention of promoting the availability of housing and services, specifically using the model of permanent supportive housing, targeted to these populations. It is important to note, given the current challenging financial times, that numerous studies have documented the significant cost savings that result from providing permanent supportive housing to vulnerable populations, and in particular to homeless populations²⁶. In addition, many of the recommendations listed in this section would provide for additional cost savings by allowing for more efficient use of existing resources such as Medicaid and for the avoidance of expensive institutional care.

Promote the Availability of Affordable Housing that Can be Combined with Services and Made Available to this Population

In addition to the need for supportive services among older adults and elders experiencing homelessness, there is also a serious lack of affordable housing options available to this and all low income populations. A 2006 study by AARP found that 10 applicants wait for every single unit of Supportive Housing for the Elderly (HUD Section 202) created.²⁷ This excess demand for HUD Section 202 housing is increased due to the limited supply of public housing units and HUD Housing Choice Vouchers (Section 8). The National Low Income Housing Coalition's annual affordable housing assessment report, "2011 Out of Reach," finds that there is a shortage of 3.4 million affordable housing units. Given this severe shortage, it is unrealistic to expect the current rental housing market to meet the needs of older adults and elders who are homeless or at-risk of homelessness. Therefore, strategies to assist this population must include the creation of additional units of affordable housing and the renovation of existing housing stock.

- **Federal Policy Recommendation #1:** Congress and the Administration should amend the Low-Income Housing Tax Credit Program to provide a credit boost of 15% for Permanent Supportive Housing for persons experiencing homelessness.
- **Federal Policy Recommendation #2:** Congress should increase funding for publicly assisted housing in need of renovation to accommodate older adults and elders who are experiencing homelessness or aging in place in permanent supportive housing through the Section 8 program, Public Housing capital account, Public Housing operating account, Community Development Block Grant, and HOME program.

- **Federal Policy Recommendation #3:** Congress and HUD should improve the HUD Section 202 program by:
 - 3.1: Encouraging communities to target Section 202 units to older adults and elders who are experiencing homelessness or who are at risk of homelessness.
 - 3.2: Increasing funding for Section 202 to allow for larger projects in urban areas that encompass onsite services and community space and targeted projects in rural areas that coordinate housing with off-site community service providers.
 - 3.3: Creating a pilot program that pairs HHS funding for supportive services with HUD Section 202 funding to prevent homelessness and avoid unnecessary institutional care.

- **Federal Policy Recommendation #4:** Congress and the Administration should increase funding for Housing Choice Vouchers and pass Section 8 program reform.

- **Federal Policy Recommendation #5:** HUD should give bonus Section Eight Management Assessment Program (SEMAP) points to Public Housing Authorities that significantly increase the percentage of program participants who were homeless on admission to the program, through partnerships with service providers, wait list preferences, and use of Project Based Vouchers to reserve units for households experiencing homelessness.

In addition to the federal policy recommendations outlined above, there are a number of state-level opportunities to promote the availability of permanent supportive housing for older adults and elders who are experiencing homelessness.

State Policy Recommendation #1: Direct state and local capital development resources to developing new or retrofitting existing permanent supportive housing units targeted to vulnerable populations including older adults and elders who are experiencing homelessness or who are aging in place in permanent supportive housing.

- 1.1 State housing finance agencies should target vulnerable populations including homeless older adults and elders through their Low-Income Housing Tax Credit Qualified Allocation Plans.
 - 1.2 Local governments should emphasize the needs of vulnerable populations including homeless older adults and elders in local HUD consolidated plans.
 - 1.3: State and/or local Continuums of Care and/or Interagency Councils on Homelessness should ensure that the needs of vulnerable populations including homeless older adults and elders are being consciously included in the use of available funding serving persons experiencing homelessness.
- **State Policy Recommendation #2:** Units of state and local government should promote the involvement of Public Housing Authorities in designating housing for older adults and seniors and in supporting the ability of existing residents to age in place.

- Housing authorities such as the Atlanta Housing Authority and the Brattleboro Housing Authority are redesigning units and working to coordinate the provision of services targeted to this population.²⁸
- **State Policy Recommendation #3:** State housing, health and aging agencies should explore creative opportunities to fund permanent supportive housing for older adults and elders by capturing cost savings associated with any reduction in Medicaid/Medicare costs.
 - The Senior Care Options program, a Massachusetts managed care program for low income seniors, utilizes a risk adjusted global payment which lowers total Medicaid/Medicare costs significantly below projected costs. A similar homelessness risk adjustment factor could be created using this technique. If the risk adjustment factor is high enough, as studies suggest it would be, this could in fact include funding for housing, whether through vouchers or new developments such as via expanded 202 funding. This could become the basis also for recapturing funding for a new funding vehicle known as social impact bonds, or SIBs. These bonds bring private investment to finance prevention programs proven to save public money over time and offer a return on investment based on the success of the intervention.

Increase Access to Services that Promote Health and Housing Stability among Older Adults and Elders and that can be Provided in a Permanent Housing Setting

As the American Association of Homes and Services for the Aging noted in their report “Implications and Practice and Policy Issues of Affordable Senior Housing with Services Options” for the National Summit on Affordable Housing with Services, successfully targeting the needs of older adults and elders in permanent supportive housing requires “breaking down long-standing silos between housing and services.”²⁹ Although state departments of mental health and substance abuse and housing finance agencies are very much engaged in permanent supportive housing in many states, this is less true with regard to state departments on aging and Medicaid. States must begin or build upon existing work to outreach to these departments and to streamline the ability of PSH projects serving elders to access critically needed services. The federal government can also pave the way for these efforts by modeling interagency collaboration.

- **Federal Policy Recommendation #6:** The Centers for Medicare and Medicaid Services and the Center for Medicare and Medicaid Innovation should work together to target resources and promote models that successfully connect community support services to housing for older adults and elders with chronic conditions who are homeless or at-risk of homelessness.
- **Federal Policy Recommendation #7:** Congress and the Administration on Aging should develop a grant program for services such as outreach, general case management and housing placement which are often not Medicaid reimbursable. These services should be made available in conjunction with housing and services programs for older adults and elders with chronic conditions who are homeless or at-risk of homelessness.

- **State Policy Recommendation #4:** At the state level, 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.
 - 4.1: States should implement the Medicaid Health Homes for Those with Chronic Illness State Plan Option and explore ways to target older adults and elders experiencing homelessness.
 - 4.2: States should use either the Home and Community Based Services Medicaid Waiver (HCBS) (1915c) or the HCBS State Plan Option (1915i) to couple Medicaid and Medicare benefits to ensure older adults and elders have comprehensive services that allow them to remain in the community and age in place.
 - 4.3: States should implement the Community First Choice State Plan Option (1915k) and target older adults and elders. This option allows states to provide home and community based services to people who may have higher incomes than the normal Medicaid eligible person. This can play a role in preventing homelessness and institutionalization.
 - 4.4: Target state health and social services funding (departments of aging and behavioral health agencies), federal block grants and general revenue, to the most vulnerable including older adults and elders experiencing homelessness.
 - 4.5: Promote the use of state, federal and local Medicaid/Medicare partnerships such as the PACE program for use as a source of supportive services funding for homeless older adults and elders in permanent supportive housing
 - 4.6: Partner Federally Qualified Health Centers with supportive housing for older adults and elders.
 - 4.7: State departments on aging should encourage local area agencies on aging to actively partner with the health care system, public housing authorities and local HUD continuums of care to ensure the needs of vulnerable adults and elders are comprehensively addressed.

- **State Policy Recommendation #5:** State housing and health agencies should 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.
 - The State of California Department of Social Services administers the county-based In-Home Support Services/Personal Care Services Program. This program, funded jointly with federal and state funds, provides personal care and domestic services to persons who are aged, blind, or disabled and need the services to remain safely in his or her own home.³⁰ These services are being used by permanent supportive housing developments targeting homeless older adults such as the Potiker Family Senior Residence in San Diego.

- **State Policy Recommendation #6:** In states with contracts for the provision of services in permanent supportive housing (e.g. New York, Connecticut) allow for increases to these contracts to account for the enhanced service needs of elders due to health conditions or other age-related challenges.

What Happens Now?

To continue the work of the National Leadership Initiative, CSH and Hearth have each outlined in the following section their 2012 commitments with regard to this project. The policy recommendations and the related strategies for ending older adult homelessness in the preceding sections will be difficult to implement without action on the part of the many organizations that have a stake in promoting an end to homelessness among older adults and elders. CSH and Hearth, Inc. are encouraging organizations to identify one or more recommendations that they can commit to promoting in 2012. Following the release of this revised policy paper, CSH and Hearth, Inc. will convene a webinar to invite organizations to share these commitments and associated implementation strategies.

Corporation for Supportive Housing

- CSH will post this policy paper and other relevant resources on its newly relaunched website, www.csh.org. CSH will also look for opportunities throughout 2012 to publicize the needs of older adults and elders who are experiencing homelessness through the many trainings, conferences and convenings in which its staff participate.
- In 2012, CSH is working to develop a toolkit for public housing authorities that are interested in playing a role in the development of permanent supportive housing. In this toolkit, CSH will be able to provide public housing authorities with strategies they can use to address the needs of homeless older adults and elders and support the implementation of:
 - **State Policy Recommendation #2:** Units of state and local government should promote the involvement of Public Housing Authorities in designating housing for older adults and seniors and in supporting the ability of existing residents to age in place.
- CSH will take the lead in working with the Administration on Aging to develop the grant program outlined in:
 - **Federal Policy Recommendation #7:** Congress and the Administration on Aging should develop a grant program for services such as outreach, general case management and housing placement which are often not Medicaid reimbursable. These services should be made available in conjunction with housing and services programs for older adults and elders with chronic conditions who are homeless or at-risk of homelessness.
- Through both our national and local staff, CSH will work with state health care financing agencies to increase services dedicated to vulnerable older adults and elders in order to prevent and end homelessness, prevent unnecessary institutionalization, and reduce overall healthcare system costs. This work dovetails with the recommendations listed here:
 - **State Policy Recommendation #3:** State housing, health and aging agencies should explore creative opportunities to fund permanent supportive housing for older adults and elders by capturing cost savings associated with any reduction in Medicaid/Medicare costs.
 - **State Policy Recommendation #4:** At the state level, 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.

- As part of its overall policy advocacy agenda, CSH will push for the implementation of:
 - **Federal Policy Recommendation #1:** Congress and the Administration should amend the Low-Income Housing Tax Credit Program to provide a credit boost of 15% for Permanent Supportive Housing for persons experiencing homelessness.
 - **Federal Policy Recommendation #4:** Congress and the Administration should increase funding for Housing Choice Vouchers and pass Section 8 program reform.
- CSH has developed the Seven Dimensions of Quality for Supportive Housing. These Seven Dimensions have associated definitions, indicators, and assessment tools. CSH expects to work on updating and revising the Seven Dimensions in 2012 and will work to incorporate elements of best practice with regard to meeting the needs of homeless older adults and seniors.
- CSH has a number of initiatives focused on creating solutions for persons who are frequent users of public systems. For example, CSH kicked off its leadership of a five-year national initiative to create innovative solutions at the intersection of supportive housing and healthcare. Backed by the federal Social Innovation Fund award, the initiative will result in a model of supportive housing linked to health services that saves public dollars and improves the lives of very vulnerable men and women. These innovations will undoubtedly include older adults and elders experiencing homelessness and inform our efforts to develop cost effective solutions for this group.

Hearth, Inc.

- Hearth will post this paper and other relevant resources on its website, www.hearth-home.org
- Hearth will focus its energy on continuing to “spread the word” about the challenges and of homelessness among older adults and elders and solutions targeted to the needs of this group, by continuing to actively engage members of the NLI Policy Advisory Panel, participants in the NLI national convening in October 2012, and other new “recruits” in presenting the results and recommendations of this document to a broader audience.
- As part of this strategy, Hearth will also continue to coordinate with CSH and will expand its partnership with The Shelter Partnership in Los Angeles to look for opportunities throughout 2012 to publicize the needs of older adults and elders who are experiencing homelessness through the many trainings, conferences and convenings in which our staff and partners participate.
- Working in partnership with The Shelter Partnership, Hearth will produce a second national convening of the NLI in Los Angeles in the fall of 2012. The purpose of this convening is to extend the dialogue of our first convening to the West Coast with a particular focus on the significant needs of this population and a focus on the many best practices which have begun to flourish there in the past several years.

Conclusion

The content and recommendations contained in this policy paper are an outgrowth of the work of the National Leadership Initiative to End Elder Homelessness and the National Policy Advisory Panel to the Initiative. The paper was developed in order to begin a dialogue at the National Convening on Ending Elder Homelessness and revised based on conversations and feedback from the event. The strategies and recommendations contained here provide a framework for action for organizations who are interested in preventing and ending homelessness among vulnerable older adults and elders. CSH and Hearth, Inc. look forward to ongoing collaboration with the many partner organizations in this effort that each have a critical role to play in ensuring that no one, particularly not older adults and elders, experiences homelessness in America.

End Notes

- ¹ United States Census Bureau (2011, May 26). 2010 Census Shows nation's population is aging. Retrieved from http://www.census.gov/newsroom/releases/archives/2010_census/cb11-cn147.html
- ² O'Connell, J. (2005). Premature mortality in homeless populations: a review of the literature. Retrieved from <http://www.nhchc.org/PrematureMortalityFinal.pdf>
- ³ U.S. Department of Housing and Urban Development. (2011). The 2010 annual homelessness assessment report to congress. Retrieved from <http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf>
- ⁴ Culhane, D.P., Metraux, S. & Bainbridge, J. (2010). The age structure of contemporary homelessness: Risk period or cohort effect? *Penn School of Social Policy and Practice Working Paper*, 1-28. Available at http://works.bepress.com/dennis_culhane/93
- ⁵ U.S. Department of Housing and Urban Development. (2011). HEARTH ESG interim rule. Retrieved from http://hudhre.info/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf
- ⁶ Culhane, D.P., Metraux, S. & Bainbridge, J. (2010). The age structure of contemporary homelessness: Risk period or cohort effect? *Penn School of Social Policy and Practice Working Paper*, 1-28.
- ⁷ Chicago Alliance to End Homelessness. (2006). Homeless over 50: The graying of Chicago's homeless population. Retrieved from http://www.thechicagoalliance.org/documents/Homeless_Over_50_Report.pdf
- ⁸ U.S. Department of Housing and Urban Development. (2011). The 2010 annual homelessness assessment report to congress. Retrieved from <http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf>
- ⁹ Hearth, Inc. (2009). Ending elder homelessness: The importance of service-enriched housing. Retrieved from http://www.hearth-home.org/media/hearth_research09.pdf
- ¹⁰ Garibaldi, B., Conde-Martel, A. & O'Toole, T. P. (2005). Self-reported co-morbidities, perceived needs, and sources for usual care for older and younger homeless adults. *Journal of General Internal Medicine*, 20(729), as cited by Shelter Partnership
- ¹¹ Hahn, J.A, Kushel, M.B., Bangsberg, D.R, Riley, E., & Moss, A.R. (2006). The aging of the homeless population: Fourteen year trends in San Francisco. *Journal of General Internal Medicine*, 21(7), 775-778.
- ¹² National Health Care for the Homeless Council. (2008). Healing hands newsletter: Aging on the streets. Retrieved from www.nhchc.org/healinghands.html
- ¹³ U.S. Department of Health and Human Services, Health Resources and Services Administration. (2003). Homeless and elderly: Understanding the special health care needs of elderly persons who are homeless. Retrieved from <http://bphc.hrsa.gov/policy/pal0303.htm>
- ¹⁴ McKenzie, J. F., Pinger, R. R., & Kotecki, J. E. (2008). *An Introduction to Community Health (6th ed.)*. Sudbury, MA: Jones and Bartlett Publishers, Inc.
- ¹⁵ Hearth, Inc. (2009). Ending elder homelessness: The importance of service-enriched housing. Retrieved from http://www.hearth-home.org/media/hearth_research09.pdf
- ¹⁶ Brown, R.T., Kiely, D.K., Bharel, M., & Mitchell, S.L. (2011). Geriatric syndromes in older homeless adults. *Journal of General Internal Medicine, Published Online in Advance of Publication*.
- ¹⁷ O'Connell, J. (2005). Premature mortality in homeless populations: a review of the literature. Retrieved from <http://www.nhchc.org/PrematureMortalityFinal.pdf>
- ¹⁸ Shelter Partnership, Inc. (2008). Homeless older adult strategic plan. Retrieved from <http://www.shelterpartnership.org/Common/Documents/studies/HOAPlanCompiled.pdf>
- ¹⁹ U.S. Department of Housing and Urban Development. (n.d.) Customized bibliography: Discharge planning from publicly funded institutions. Retrieved from <http://www.hudhre.info/documents/DischargePlanningBibliography.pdf>
- ²⁰ U.S. Department of Housing and Urban Development. (2011). The 2010 annual homelessness assessment report to congress. Retrieved from <http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf>
- ²¹ Hahn, J.A, Kushel, M.B., Bangsberg, D.R, Riley, E., & Moss, A.R. (2006). The aging of the homeless population: Fourteen year trends in San Francisco. *Journal of General Internal Medicine*, 21(7), 775-778.
- ²² Martinez, T. & Burt, M. (2006). Impact of permanent supportive housing on the use of acute care services by homeless adults. *Psychiatric Services*, 57, 992-999.
- ²³ Larimer, M.E., Malone, D.K., Garner, M.D., et al. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *The Journal of the American Medical Association*

Association, 301(13), 1349-1357.

- ²⁴ Larimer, M.E., Malone, D.K., Garner, M.D., et al. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *The Journal of the American Medical Association*, 301(13), 1349-1357.
- ²⁵ Barrow, S., Soto, G., & Cordova, P. (2004). Final report on the evaluation of the closer to home initiative. Retrieved from <http://www.csh.org/index.cfm?fuseaction=page.viewPage&pageID=3834&nodeID=81>
- ²⁶ Corporation for Supportive Housing. (2006). Supportive housing research FAQs: Is supportive housing cost effective? Retrieved from <http://documents.csh.org/documents/policy/FAQs/CostEffectivenessFAQFINAL.pdf>
- ²⁷ Kochera, A. (2006). Developing appropriate rental housing for low-income older persons: A survey of Section 202 and LIHTC property managers. Washington, DC: AARP Public Policy Institute.
- ²⁸ Enterprise Community Partners and Leading Age. (2011). Summit on aging in place in public housing. Retrieved from <http://www.nw.org/network/training/upcoming/documents/SummitonAginginPlaceinPublicHousing%E2%80%93LeadingAgeandEnterpriseCommunityPartners.pdf>
- ²⁹ American Association of Homes & Services for the Aging. (2010). Implications and practice and policy issues of affordable senior housing with services options. Retrieved from <http://www.practitionerresources.org/cache/documents/673/67376.pdf>
- ³⁰ Shea, J. (2005). Information brief: California's in-home supportive services/personal care services program. Retrieved from <http://www.allenshea.com/CIRCL/documents/CAsIHSSPrgm.pdf>

Appendix A

National Leadership Initiative to End Elder Homelessness: National Advisory Panel List

Chair of the National Advisory Panel

Ellen Feingold, Hearth Founder, Past President of Jewish Community Housing for the Elderly, Brighton, MA

Co-Chairs of the National Leadership Initiative to End Elder Homelessness

Mark Hinderlie, President & CEO, Hearth, Inc., Boston, MA

Connie Tempel, Chief Operating Officer, Corporation for Supportive Housing, New York, NY

Peggy Bailey, Senior Policy Advisor, Corporation for Supportive Housing

Sarah Carpenter, Executive Director of the Vermont Housing Finance Agency, Burlington, VT

Dennis Culhane, Professor, School of Social Policy and Practice, University of Pennsylvania, Philadelphia, PA

Deborah De Santis, President & CEO, Corporation for Supportive Housing, New York, NY

Gail Dorfman, Commissioner, Hennepin County, Minneapolis, MN

Jane Fumich, Director, Cleveland Department of Aging, Cleveland, OH

Aaron Gornstein, Executive Director, Citizens' Housing and Planning Association, Inc., Boston, MA

Rodney Harrell, Senior Strategic Policy Advisor for Housing, AARP International, Washington, DC

Gerard Holder, Legislative Director, Council of Large Public Housing Authorities, Washington, DC

Rev. Laura Jervis, Executive Director, West Side Federation for Senior and Supportive Housing, New York, NY

Beth Lewis, Program Director, Outreach Coordination Center, Project H.O.M.E. Philadelphia, PA

Nancy Libson, Director of Housing Policy, American Association of Homes and Services for the Aging, Washington, DC

Michael Marcus, Program Director, Older Adults, the Harry and Jeanette Weinberg Foundation, Owings Mills, MD

David Miller, Project Director, the National Association of State Mental Health Program Directors, Alexandria, VA

Jim O'Connell, MD, President, Boston Health Care for the Homeless Program, Boston MA

Doug Poutasse, Executive Vice President, Head of Strategy and Research, Bentall Kennedy, Boston, MA

Nancy Radner, CEO, Chicago Alliance to End Homelessness, Chicago, IL

Steve Renahan, Senior Policy Advisor, Shelter Partnership, Los Angeles, CA

Nan Roman, President & CEO, National Alliance to End Homelessness, Washington, DC

Thomas Slemmer, President & CEO, National Church Residences Columbus, OH

Mohini Venkatesh, Senior Director, Public Policy, National Council for Community Behavioral Healthcare, Washington, DC

Public Officials Who Serve as Resources (Not Official Members of National Policy Advisory Panel)

Greg Case, Director, Office of Home and Community-Based Services, Administration on Aging, Washington, DC

Jennifer Ho, Deputy Director, Accountability Management, U.S. Interagency Council on Homelessness (USICH), Washington, DC

Mark Johnston, Deputy Asst. Secretary for Special Needs, HUD Office of Community Planning and Development, Washington, DC

Mark Kissinger, Deputy Commissioner, Office of Long Term Care, New York State Department of Health, Albany, NY



Appendix B

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions

Agenda

Goals and Objectives

The goal of this Convening is to further a national dialogue about the impending crisis of homelessness among older adults and elders, and the importance of providing permanent supportive housing to this population. The Convening brings together elected and appointed officials from across the country, advocates, housing providers, and elder service providers, including health and mental health providers, to develop concrete strategies and policy recommendations that will meet the unique needs of this population.

Breakfast and Registration	9:00 am
Welcome and Introductions <ul style="list-style-type: none"> • Welcome to the Convening <ul style="list-style-type: none"> ○ Ellen Feingold, Chair of the National Policy Advisory Panel • Welcome from United Way Worldwide <ul style="list-style-type: none"> ○ Stacey Stewart, Executive Vice President, Community Impact, United Way Worldwide • Introductions and Overview of the Day <ul style="list-style-type: none"> ○ Connie Tempel, Chief Operating Officer, Corporation for Supportive Housing 	9:30 am
The Rise in Homelessness and Unique Needs of Older Adults and Elders <ul style="list-style-type: none"> • Mark Hinderlie, President and CEO, Hearth, Inc. • Connie Tempel, Chief Operating Officer, Corporation for Supportive Housing • Dr. Rebecca Brown, Research Fellow in Geriatric Medicine, University of California, San Francisco/San Francisco Veterans Affairs Medical Center 	10:00 am
Permanent Supportive Housing for Older Adults and Elders who are Experiencing Homelessness: What is it and Where Does it Fit? (Fishbowl) <ul style="list-style-type: none"> • Facilitator: <ul style="list-style-type: none"> ○ Stephanie Hartshorn, Senior Program Manager, Corporation for Supportive Housing • Fishbowl Participants: <ul style="list-style-type: none"> ○ David Gillcrist, Executive Director, Project FIND ○ Angela Heise, Chief Development Officer, Henry County Housing Authority ○ Rev. Laura Jervis, Executive Director, West Side Federation for Senior and Supportive Housing ○ Mollie Lowery, Program Director--Home First, Housing Works ○ Sue Stockard, former Executive Director, Maloney Properties 	10:30 am
Break	11:30 am



Appendix B

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions

Agenda

<p>Promising Practices in Funding Supportive Services in Permanent Housing for Homeless Older Adults and Elders (Panel)</p> <ul style="list-style-type: none"> • Moderator: <ul style="list-style-type: none"> ○ Ellen Feingold, Chair of the National Policy Advisory Panel • Panelists: <ul style="list-style-type: none"> ○ Mark Hinderlie, President and CEO, Hearth, Inc. ○ Beth Lewis, Program Director--Outreach Coordination Center, Project H.O.M.E. ○ Dr. Jim O'Connell, President, Boston Healthcare for the Homeless Program ○ Tom Slemmer, President and CEO, National Church Residences 	11:45 am
<p>Lunch</p> <ul style="list-style-type: none"> • Keynote Addresses: <ul style="list-style-type: none"> ○ Jennifer Ho, Deputy Director, Accountability Management, USICH ○ Mark Johnston, Deputy Assistant Secretary for Special Needs, HUD 	12:30 pm
<p>Ending Homelessness Among Older Adults and Elders: Current Policy Environment and Recommendations (Discussion)</p>	1:30 pm
<p>Break</p>	3:00 pm
<p>Creative Collaborations: Working Across Sectors (Fishbowl)</p> <ul style="list-style-type: none"> • Facilitator: <ul style="list-style-type: none"> ○ Peggy Bailey, Senior Policy Advisor, Corporation for Supportive Housing • Fishbowl Participants: <ul style="list-style-type: none"> ○ Barbara DiPietro, Policy Director, National Health Care for the Homeless Council ○ Gail Dorfman, Hennepin County Commissioner, Hennepin County ○ Jane Graf, Chief Operating Officer, Mercy Housing Corporation ○ Jeff Liebman, Malcolm Wiener Professor of Public Policy, John F. Kennedy School of Government ○ Steve Renahan, Senior Policy Advisor, Shelter Partnership ○ Cynthia Zubritsky, Director, Integrated Behavioral Health Care 	3:15 pm
<p>Wrap-up and Next Steps</p>	4:15 pm
<p>Convening Ends</p>	4:30 pm

Appendix C

Highlights from the National Convening on Ending Elder Homelessness

With the theme “National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions,” the Convening provided a forum for participants to discuss the housing needs of older adults and elders who are experiencing homelessness and to identify innovative cross-sector strategies for meeting those needs. This Appendix contains brief highlights from each of the major sections of the Convening agenda.

The Rise in Homelessness and Unique Needs of Older Adults and Elders

In this overview, recent trends with regard to the aging of the population of the United States as a whole and the corresponding aging of older adults experiencing homelessness were shared in order to set the stage for the day’s conversation. Convening participants learned that older adult homelessness can be caused by a variety of issues, including job loss, family estrangement, and mental and physical health issues. They also heard how permanent supportive housing can be an effective intervention for this population. Participants learned that the rate of health problems in persons experiencing homelessness who are over age 50 is similar to persons in the general population who are over age 65. This kind of premature aging is similar to that seen in other vulnerable populations such as persons in prison, persons with developmental disabilities and persons living with HIV/AIDS.

Permanent Supportive Housing for Older Adults and Elders who are Experiencing Homelessness: What is it and Where Does it Fit?

In this fishbowl-style conversation, Convening participants heard from five experts on the topic before providing their own thoughts on the key questions posed to the group. The experts talked about the importance of having flexible services and staff who can meet the changing needs of residents. They discussed the concept of accessibility and how it goes beyond the need for physical accessibility to encompass a need for space that is emotionally accessible and allows residents to feel empowered and valued. Supportive housing can help older adults and elders to avoid institutionalization while still getting the support they need. It is important to combat isolation that can often occur with this population with concerted efforts to connect residents to the community and to build strong organizational community partnerships. Participants in the larger group pointed out that peer support can play a key role in serving the needs of this population and that more work needs to be done to determine the best housing option for the range of ages and needs that are contained within the homeless older adult and elder group.

Promising Practices in Funding Supportive Services in Permanent Housing for Homeless Older Adults and Elders

During this panel discussion, Convening participants heard compelling stories of formerly homeless older adults and elders whose needs were being met in their homes rather than in an institutional setting. Such

services can be funded by blending funding streams that range from Federally Qualified Health Centers or Medicaid to local HUD Continuum of Care dollars to philanthropy. Several panelists discussed how housing and healthcare intersect for this population particularly with the coming implementation of the Affordable Care Act. The session closed with a comment from Dr. Jim O'Connell, President, Boston Healthcare for the Homeless Program, that "to keep people home will keep them healthy if we give them the right support."

Ending Homelessness among Older Adults and Elders: Current Policy Environment and Recommendations

This session included a robust discussion of the policy recommendations included in the first version of this paper. Participants discussed the recommendations in small groups and worked both to develop new recommendations and to suggest modifications to the existing ones. The small groups were also asked to identify which recommendations were feasible in the short-term and those that were longer term propositions. The recommendations that begin on page 10 of this paper have been revised to reflect many of the suggestions made during these discussions.

Creative Collaborations: Working Across Sectors

In this fishbowl-style conversation, six experts shared their experiences with regard to collaborations that addressed needs of older adults and elders experiencing homelessness. The Convening participants heard about collaboration in Minnesota that involved the business community, the faith community and government working together to move persons off the streets. They also heard about an innovative strategic plan in Los Angeles that has resulted in a significant pipeline of permanent supportive housing development. In Pennsylvania, the academic community, the office of mental health, and the department of aging work together on addressing the needs of this population. In describing how to overcome barriers to this type of collaboration, several experts emphasized the role that having good data can play.

Overall Themes

Throughout the day participants raised a number of provocative points, not all of which are captured in these highlights. Although participants did not agree on all points, the following themes appeared to emerge from a number of different comments and sessions:

- Permanent supportive housing, with flexible services tailored to the changing needs of this population, can be a cost effective solution particularly with regard to the avoidance of unnecessary institutional care.
- To be successful, permanent supportive housing developments targeted to this population must blend existing funding streams and build strong community partnerships with existing services.
- Prevention of homelessness, particularly among older adults, is extremely important. There is an opportunity to prevent such persons from experiencing homelessness as elders.
- Knowledge exchange and practical user guides could help break down silos that exist between agencies and organizations that focus on homelessness and those that focus on older adults.

- Persons who are chronologically age 50-64 have many clinical similarities to persons who are age 65 and older.
- The Affordable Care Act provides a significant opportunity to look more closely at the intersection between healthcare and housing and in particular at the use of Medicaid to fund services in permanent supportive housing.



Appendix D

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions List of Convening Attendees

Last Name	First Name	Title	Organization
Arteaga	Elizabeth	Associate Director at Orange County	HUD
Bailey	Peggy	Senior Policy Advisor	Corporation for Supportive Housing
Barker	Maria	Senior Asset Manager	Fannie Mae
Brock	Justin	Special Assistant for Veterans Initiatives	HUD, Office of the Deputy Assistant Secretary for Special Needs
Brown	Rebecca	Research Fellow in Geriatric Medicine	University of California, San Francisco/San Francisco Veterans Affairs Medical Center
Caraviello	Rachel	Vice President of Programs & Services	Affordable Living for the Aging
Case	Greg	Aging Services Program Specialist	Administration on Aging, HHS
DiPietro	Barbara	Policy Director	National Health Care for the Homeless Council
Dorfman	Gail	Hennepin County Commissioner	Hennepin County
Edgington	Sabrina	Program and Policy Specialist	National Health Care for the Homeless Council
Feingold	Ellen	Founder & Treasurer	Hearth, Inc.
Fumich	Jane	Director	Cleveland Department on Aging
Garmey	Annie	Director of Institutional Advancement	Hearth, Inc.
Gillcrist	David	Executive Director	Project FIND (NYC)
Gillett	Ruth	Manager	Office of Homeless Services
Graf	Jane	Chief Operating Officer	Mercy Housing Corporation
Green	Don	Special Assistant for Veterans Programs	HUD, Office of the Deputy Assistant Secretary for Special Needs
Harrell	Rodney	Senior Strategic Policy Advisor for Housing	AARP
Hartman	Chester	Founder and Director of Research	Poverty & Race Research Action Council
Hartshorn	Stephanie	Senior Program Manager	Corporation for Supportive Housing
Heise	Angie	Chief Development Officer	Henry County Housing Authority
Henke	Sarah	Policy Associate	National AIDS Housing Coalition
Hinderlie	Mark	President & CEO	Hearth, Inc.
Ho	Jennifer	Deputy Director, Accountability Management	USICH



Appendix D

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions List of Convening Attendees

Last Name	First Name	Title	Organization
Jawaid	Sarah	Policy Associate	NHC and the Center for Housing Policy
Jervis	Rev. Laura	Executive Director	West Side Federation for Senior and Supportive Housing
Johnston	Mark	Deputy Assistant Secretary for Special Needs	HUD
Kennedy	Gavin	Director, Division of Long Term Care Policy	HHS/ASPE
Lawrence	Janelle	Director, Income Strategy Engagement community Impact Leadership and Learning	United Way Worldwide
Lewis	Beth	Program Director, Outreach Coordination Center	Project H.O.M.E
Libson	Nancy	Director of Housing Policy	LeadingAge
Liebman	Jeffrey	Malcolm Wiener Professor of Public Policy	John F. Kennedy School of Government
Lowery	Mollie	Program Director - Home First	Housing Works
Marcus	Michael	Program Director, Older Adults	Harry & Jeannette Weinberg Foundation
Miller	David	Project Director	National Association of State Mental Health Program Directors
Miskey	Anne	Executive Director	Funders Together to End Homelessness
Moore	Bridgett	Special Needs Assistance Specialist	U.S. Dept. of Housing and Development
Nurmi	Tom	Trustee	The William S. Abell Foundation
O'Connell, MD	James (Jim)	President	Boston Health Care for the Homeless Program
Pfaff	Robert	Homeless Outreach and Research Coordinator in the Office of Program Development and Research	Social Security Administration
Poutasse	Doug	Executive Vice President and Head of Strategy and Research	Bentall Kennedy
Renahan	Steve	Senior Policy Advisor	Shelter Partnership, Los Angeles



Appendix D

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions List of Convening Attendees

Last Name	First Name	Title	Organization
Robinson	Josephine	Vice President, Income Community Impact Leadership and Learning	United Way Worldwide
Roman	Nan	President and CEO	National Alliance to End Homelessness
Rosenoff	Emily		HHS/ASPE
Sanders	Alisha	Senior Policy Research Associate	LeadingAge Center for Applied Research
Shattuck	Jeanie	Legislative and Policy Analyst	Enterprise Community Partners
Slemmer	Tom	President and CEO	National Church Residences
Stand	Lisa	Senior Policy Analyst	National Alliance to End Homelessness
Staub	Leah	Research & Policy Analyst	Council of Large Public Housing Authorities
Stewart	Stacey	Executive Vice President, Community Impact	United Way Worldwide
Stockard	Jim	Curator	Harvard Loeb Fellows Program
Stockard	Sue	Former Executive Director	Maloney Properties
Tempel	Connie	Chief Operating Officer	Corporation for Supportive Housing
Thomas	Lori	John A. Hartford Geriatric Social Work Faculty Scholar	University of North Carolina, Charlotte
Toll	Martha	Executive Director	Butler Family Fund
Venkatesh	Mohini	Senior Director, Public Policy	National Council for Community Behavioral Healthcare
Zubritsky, PhD.	Cynthia	Director	Integrated Behavioral Healthcare

Appendices E-L

Profiles of Permanent Supportive Housing Projects Serving Older Adults and Elders Experiencing Homelessness

In highlighting key elements of successful housing and service strategies for older adults and elders who are experiencing homelessness as well as in the development of policy recommendations, it has been helpful to examine existing housing developments that serve this population. Included as Appendices E-L to this report are project profiles that illustrate various aspects of PSH development for this population.

- **Appendix E: Integrated Housing for Older Adults Developed by a Public Housing Authority**
Parkside Apartments, Kewanee, Illinois
- **Appendix F: Integrated Housing for Elders Including those Experiencing Homelessness**
Potiker Family Senior Residence, San Diego, California
- **Appendix G: PSH for Homeless Elders Developed as Part of State Plan to End Homelessness**
Whalley Terrace, New Haven, Connecticut
- **Appendix H: PSH Development with Documented Medicaid Cost Savings**
Commons at Buckingham, Columbus, Ohio
- **Appendix I: PSH Development with Adult Day Health Center**
Mission Creek, San Francisco, California
- **Appendix J: PSH Development Blending HUD Section 202 and Low Income Housing Tax Credit Funding**
The Domenech, Brooklyn, New York
- **Appendix K: PSH Development with a Blended Funding Model**
Anna Bissonnette House, Boston, MA, Hearth, Inc.
- **Appendix L: Supportive Congregate Housing with 24/7 Services**
The Claremont, Bronx, NY, West Side Federation for Senior and Supportive Housing, Inc.



Parkside Apartments

An integrated housing project, Parkside Apartments is a Senior Affordable Housing project that includes 10 units of permanent supportive housing for seniors who are homeless and disabled. This four-story building was built as a hotel 1916 and has been converted into 41 studio and one-bedroom apartments. It features common space, and individual units have private baths and kitchens. The building's grand lobby is listed on the National Register of Historic Places.

Owner: Parkside Apartments, LP

Developers: Henry County Housing Development Group, Inc.

Property Management: Housing Authority of Henry County

Service Provider: Housing Authority of Henry County

Tenant Profile: Seniors 55 or older at income levels of 60% AMI and below; 10 units reserved for homeless and disabled seniors

Service Approach: Case Manager is located on-site and provides services to tenants in the permanent supportive housing units

Key Features and Innovations

- Parkside Apartments is a great example of integrated housing, reserving a quarter of its units for seniors who are homeless and disabled.
- The 1916 building is listed on the National Register of Historic Places. Its grand lobby boasts marble floors, ornate trim and iron banisters.
- Parkside Apartments is located in downtown Kewanee--perfect for easy access to the local senior center and shopping.
- Parkside Apartments also houses the offices of the Housing Authority of Henry County.

Key to Success

- According to Kathleen Barton, CEO of the Housing Authority of Henry County, the key to the success of the integrated housing model is effective case management. The Case manager does intensive outreach to fill the units and works closely with tenants to assist them with maintaining their housing stability once they move into the building.

Financing Information

Capital Financing Sources

HOME	\$1,495,999
Trust Fund	\$ 750,000
Developers Fee Deferral	\$ 124,596
LITHC and Historic Tax Credit Equity	<u>\$4,744,889</u>
Total	\$7,115,484

Operating Financing Sources

Project Based Section 8	\$ 396,720
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Services Financing Sources

HUD SHP	\$ 164,115
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The Housing Authority of Henry County

Established in 1939, the Housing Authority of Henry County has grown into a program comprised of eight developments with the administration of an incremental housing choice voucher program. It has been rated as a high performer for the past four years both in public housing and Section 8 programs. www.henrycountyhousing.us

Henry County Housing Development Group, Inc.

Henry County Housing Development Group, Inc. is the nonprofit organization within the Housing Authority of Henry County. Formed in April 2003, it manages the Countryside Apartments in Geneseo, Illinois, a part of the USDA Rural Development Program, and also owns the Parkside Apartments.

The Corporation for Supportive Housing

For 20 years, CSH has been the leader in the national supportive housing movement. It is a catalyst for housing connected with services to prevent and end homelessness. CSH develops innovative program models, provides research-backed tools and training, offers development expertise, makes loans and grants, and collaborates on public policy and systems reform to make it easier to create and operate high-quality supportive housing. CSH's goal is to help communities create 150,000 units of supportive housing nationwide by 2012.



Corporation for Supportive Housing
205 W. Randolph St., 23rd Floor
Chicago, IL 60622
T: 312-332-6690
F: 312-332-7040
www.csh.org



Potiker Family Senior Residence

A new construction development of 200 studio units for seniors, with targeted outreach to homeless and at-risk seniors with mental health issues or dual diagnoses.

Sponsor and Owner:

Senior Community Centers of San Diego

Development Partner:

Chelsea Investment Corporation

Property Management:

Hyder and Company, Inc.

Tenant Profile:

Very-low income and extremely-low income senior citizens ages 62 and older, with focus on homeless and at-risk seniors with special needs.

Supportive Services Providers:

Senior Community Centers and partner organizations

Services Approach:

Services are voluntary, and include peer-led mental health clubhouse services.

Key Features and Innovations

- Senior Community Centers set aside a minimum of 25 units for homeless seniors with disabilities, but in fact house and serve many more such seniors.
- On-site services include recreation, social services, case management and referral, health care services, as well as two meal services a day.
- Recognizing that even part-time work makes a major difference of quality of life for seniors living on fixed incomes, services include supporting tenants' goals for employment.
- The partnership with Chelsea Investment Corporation is a model of a non-profit and for-profit partnership for development activities that can be replicated by other organizations. Under the partnership, Chelsea Investment provided turnkey development services according to plans and specifications that fit with Senior Community Centers' mission and vision for the project.

Additional Project Details

Status: Fully operational and occupied in fall 2003

Project Amenities: Include a community garden; rooftop patio; and a commercial kitchen that provides 1,500 meals each day for Potiker residents, for meal programs across the city, and for low-income seniors living in San Diego.

Rent Levels: Rent for units are affordable to households with incomes ranging from below 30% of Area Median Income to no greater than 40% of Area Median income.

Staffing: On-site Services Coordinator, live-in Resident Manager. Senior Community Centers partners with numerous service providers, such as Sharp Health Care and the REACH program to enhance service options for tenants.

Capital Financing Sources: 9% Low Income Housing Tax Credits, loans and grants from the Centre City Development Corporation and San Diego Housing Commission, a grant from the Federal Home Loan Bank, and a small permanent loan.

Services Funding: County Office of Aging and Independence Services, The California Endowment, and private fundraising.



About Senior Community Centers of San Diego (www.servingseniors.org)

Senior Community Centers of San Diego's mission is to provide quality and compassionate services for the survival, health and independence of seniors living in poverty. SCC has been providing nutrition, health advocacy, and social services to low-income seniors in San Diego for over 30 years. SCC is the only nonprofit organization that provides services to meet the basic needs (food, health and day center) of at-risk seniors living downtown. SCC provides services to adults who are 60 years of age and older and living on fixed incomes.

In 2007, Senior Community Centers opened its second supportive housing project, City Heights Square Senior Residence, a 150-unit supportive housing project featuring studio and one-bedroom units, targeted to homeless and at-risk seniors.



CSH and Senior Community Centers

CSH's San Diego Program has supported Senior Community Centers' supportive housing development activities in a variety of ways, including through the provision of technical and financial assistance. Financial assistance has included \$200,000 predevelopment loans to assist with the development of Potiker Family Senior Residence and of City Heights Square Senior Residence. In addition, CSH has provided SCC with \$77,000 in grants focused on strengthening their capacity to implement development activities, and CSH continues to provide technical assistance to Senior Community Centers on an as needed basis. In 2005, Senior Community Centers awarded CSH a Community Hero Award at SCC's annual Heroes Luncheon.

About CSH

The Corporation for Supportive Housing (CSH) is a national non-profit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH seeks to help create an expanded supply of supportive housing for people, including single adults, families with children, and young adults, who have extremely low-incomes, who have disabling conditions, and/or face other significant challenges that place them at on-going risk of homelessness. For information regarding CSH's current office locations, please see www.csh.org/contactus.



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Whalley Terrace

Opened in March 2008, Whalley Terrace provides elderly women and men who were homeless with a safe, affordable home. This twenty-two unit building provides affordable 1-bedroom apartments with professional supportive services on site. Ten of the units are reserved for people who are homeless (or at risk of homelessness) and who are diagnosed with mental illness and/or substance use. Prevention and crisis intervention are key components of the programming.

Owner, Developer, and Property Manager: HOME, Inc.

Service Provider: Columbus House, Inc.

Tenant Profile: Formerly homeless (or at-risk of being homeless) elderly adults with behavioral health disorders, and low-income elderly adults needing affordable housing.

Service Approach: Services are available on-site at the request of the resident, with a focus on maintaining housing stability.

Key Features and Innovations

- Features 22 spacious 1-bedroom units that are fully furnished. Each unit has its own kitchen and bath, and 10 of the units are fully handicapped accessible.
- All of the residents sign annual lease agreements with the owner, HOME, Inc., and pay approximately 30% of their income to rent.
- Staff provides ongoing services and supports such as economic empowerment, self-sufficiency, health and wellness supports.
- Supportive services staff are available on site Monday-Friday from 8:00 am to 6:00 pm, with on-call coverage available 24 hours a day.
- Whalley Terrace is located on a bus line and within walking distance to small stores and restaurants.

Financing Information

Capital Financing Sources

Connecticut Housing Finance Authority	\$3,000,000
Low Income Housing Tax Credits (LIHTC)	\$2,461,923
Other Sources (State Housing Tax Credits, Noble Trust Grant)	\$ 428,194
TOTAL	\$5,890,117

Operating Financing Sources

LIHTC (Operating Reserve; Working Capital Reserve)	\$1,009,077
Connecticut Department of Social Services Rental Assistance Program	\$ 198,000 per year

Services Financing Sources

Connecticut Department of Mental Health and Addiction Services	\$ 104,500 per year
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About HOME, Inc.

Housing Operations Management Enterprises, Inc. (HOME, Inc.) was founded in 1988 for the purpose of developing, preserving and managing affordable housing in the Greater New Haven region. Guided by a philosophy that its role is to “create opportunities for human development among residents and their communities”, HOME, Inc. has participated in the development and management of permanent supportive housing in Connecticut since the Demonstration Program—as developer, owner and manager for Cedar Hill Apartments—and to its present role as developer, owner and manager of Whalley Terrace.

About Columbus House, Inc.

Columbus House, Inc. was founded in 1982 as an emergency shelter for homeless adults. Over the past 20 years, the agency has grown and expanded its services to include transitional and permanent supportive housing, in addition to intensive case management and outreach services for more than 1,500 clients. Columbus House actively seeks to better understand and effectively address the complex factors that create homelessness. Along with food and shelter, Columbus House staff provide comprehensive assessments, case management services, and other programs and services designed to address the root causes and consequences of homelessness.

CSH and the Supportive Housing Pilots Initiative

CSH and the Connecticut Department of Mental Health and Addiction Services (DMHAS) have spearheaded a multi-phase supportive housing production initiative known as the Supportive Housing Pilots Initiative. CSH was instrumental locally in bringing together additional partners, including the state departments of Social Services, Economic and Community Development, and the Connecticut Housing Finance Authority (CHFA), to commit to financing up to 650 new units of supportive housing. Whalley Terrace is another successful model that contributes to the Reaching Home Campaign goal of creating 10,000 new units of supportive housing in the State of Connecticut.

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Commons at Buckingham, Columbus, OH

Permanent Supportive Housing for Homeless Persons



Commons at Buckingham

An integrated new construction development of 100 units with 25 units for single low-income persons and 75 units for persons who have been homeless including those who have been chronically homeless

Developer and Owner:

National Church Residences

Property Management:

National Church Residences

Tenant Profile:

Low-income persons and extremely low-income persons with disabling conditions including former residents of skilled nursing care facilities and group homes, including older adults

Supportive Services Provider:

National Church Residences

Services Approach:

In-depth services are available to all residents. An on-site case worker meets with tenants and then assesses the types of services and resources needed to assist the tenants.

Key Features and Innovations

- Documented annual cost savings of \$824,900 through housing four residents from skilled nursing care and 14 residents from group homes
- Job training, job search assistance, career placement assistance, and social and recreational activities available on-site
- An on-site Registered Nurse provides wellness services and specific home health care needs as required and a Medical Director participates in a monthly interdisciplinary team to assess and care plan for resident health needs.
- The Commons at Buckingham is certified as the first Platinum-rated affordable housing project in Ohio and the Midwest by the Leadership in Energy & Environmental Design (LEED).
- Includes a community room, computer resource room, 24-hour staffed entry, meeting room for resident services, and interior and exterior security cameras

Financing Information

Capital Financing Sources

JP Morgan Capital Corporation, LIHTC Equity	\$ 6,935,482
City of Columbus HOME Funds	\$ 1,100,000
Franklin County HOME Funds	\$ 500,000
Soft Debt	\$ 2,338,342
Other	\$ 81,521
Total	\$ 10,955,345

Operating Financing Sources

Project Based Section 8, HAP Subsidy	\$ 552,860
Tenant Rent	\$ 110,740

Services Financing Sources

Medicaid/Medicare/County Levy/Private Insurance	\$ 171,000
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Mission Creek Senior Community, San Francisco, CA

Permanent Supportive Housing for Elders¹



Mission Creek Senior Community

An integrated seven-story development of 139 units of senior housing with 51 set aside as permanent supportive for chronically homeless older adults, includes an adult day health center

Developer and Owner:

Mercy Housing

Property Management:

Mercy Services Corporation

Tenant Profile:

Very-low income elders aged 62 and up, with 51 units for homeless, frail and disabled elders

Supportive Services Providers:

Mercy Services Corporation, Adult Day Health Center on site by North and South of Market Adult Day Health

Services Approach:

Services are flexible and tenant-driven. Service participation is voluntary, but is encouraged by staff through a variety of approaches.

Key Features and Innovations

- The building includes a branch of the San Francisco Public Library, an adult day health center, a real estate office, a café, a community room, dining room and computer lab.
- Mission Creek Senior Community won the PCBC and Builder magazine 2007 Gold Nugget Grand Award for best mixed use project and is an Affordable Housing Finance magazine Reader's Choice Award\Urban Finalist.
- Rents are subsidized through project-based Section 8 Vouchers from the San Francisco Housing Authority and the San Francisco Department of Public Health's Direct Access to Housing Program.
- The Adult Day Health Center is funded by Medi-Cal and the City of San Francisco for persons at risk of institutional placement. It provides skilled nursing, occupational and physical therapy, and a meals program.

Financing Information

Capital Financing Sources: San Francisco Redevelopment Agency, California Department of Housing and Urban Development, National Equity Fund--LIHTC Equity, Citibank-- Permanent Mortgage, Federal Home Loan Bank of San Francisco—Affordable Housing Program

Operating Financing Sources: The San Francisco Housing Authority subsidizes 88 units with Project-based Section 8 Vouchers. The rent for the 51 units serving homeless, frail, and disabled seniors is paid by the San Francisco Department of Public Health (DPH) under the Direct Access to Housing Program (DAH).

Services Financing Sources: One Resident Services Coordinator funded by property operations and the other by a contract with the San Francisco Department of Public Health. Onsite Adult Day Health Center funded by Medi-Cal enhanced with City revenue.

¹ Information for this profile taken from the Mission Creek Senior Community Profile in the Homeless Older Adults Strategic Plan, Shelter Partnership, Inc., March 2008 <http://www.shelterpartnership.org/Common/Documents/studies/HOAPlanCompiled.pdf>



The Domenech

A new construction development of 72 one-bedroom and studio units for homeless and lower income seniors, including a library/lounge, and a large garden in the back

Developer and Owner:
Common Ground

Property Management:
Common Ground

Tenant Profile:
Low-income homeless and chronically homeless seniors with special needs and low-income seniors ages 62 and older

Supportive Services Providers:
Common Ground

Services Approach:
On-site support services designed to assist residents in maintaining their health and independence

Key Features and Innovations

- Common Ground's first residence for homeless and lower income seniors
- Combines HUD's Supportive Housing for the Elderly Program (Section 202) with 9% Low Income Housing Tax Credits
- Sustainable features such as a green roof, water-saving plumbing, and locally made concrete planking have the project on track for LEED Silver certification.
- Tenants pay no more than 30% of their income in rent through subsidies from the US Department of Housing and Urban Development's Section 202 Program.
- Tenants have access to on-site medical education and to home health care via an agreement with the Visiting Nurse Service of New York.

Financing Information

Capital Financing Sources

HUD Section 202	\$ 8,673,600
HUD Section 202 PreDevelopment Grant	\$ 323,500
New York State Homeless Housing Assistance Corporation	\$ 1,803,600
Richman Housing Resources, LIHTC Equity	\$10,828,883
Federal Home Loan Bank of New York	\$ 1,080,000
Brooklyn Borough President	\$ 750,000
NY State Energy Research and Development Authority	\$ 126,000
Total	\$23,585,583

Operating Financing Sources

HUD project rental assistance contract (PRAC) for all units to cover the balance between 30% of tenant income and rental amount.

Services Financing Sources

New York/New York III Agreement	\$ 327,264 annually
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About Common Ground (www.commonground.org)

Common Ground's network of well designed, affordable apartments — linked to the services people need to maintain their housing, restore their health, and regain their economic independence — has enabled more than 4,000 individuals to overcome homelessness. Common Ground builds and operates a range of housing options for homeless and low-income individuals – housing that is attractive, affordable, well managed, and linked to the services and support people need to rebuild their lives.

All of Common Ground's buildings are supportive housing residences with on-site social services designed to help tenants maintain their housing, address health issues, and pursue education and employment. In addition, Tenant Services staff offers programs and activities, including financial literacy workshops, community health fairs, and workshops on art and cooking, to enhance a sense of community.

In 2011, Common Ground will open its 2,935th unit of permanent and transitional housing in New York City, Connecticut, and upstate New York.

About CSH

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Anna Bissonnette House, Boston, MA

Permanent Supportive Housing for Older Adults¹



Anna Bissonnette House

A four-story renovated development of 40 units of permanent supportive housing for formerly homeless older adults, close to public transportation and retail establishments

Developer and Owner:

Hearth, Inc.

Property Management:

Hearth, Inc.

Tenant Profile:

The average Hearth resident is 62 years old, has a complex medical history involving multiple chronic illnesses, and may have corresponding mental and physical challenges.

Supportive Services Provider:

Hearth, Inc.

Services Approach:

Hearth provides wrap-around supportive services that assist residents to age with dignity regardless of their special medical, mental health, or social needs.

Key Features and Innovations

- The building includes a large community room in the lobby, common-area kitchens, community spaces on each floor, a street-side patio and a roof garden.
- At least 90% of Hearth's tenants are "dually-eligible" for both Medicare and Medicaid.
- Hearth participates in Senior Care Options (SCO) which combines health-care services with social support services with the goal of keeping older adults as independent as possible. The program gives elders the option to remain at home with needed care and support rather than going to a hospital or nursing home.
- Hearth's asset management strategy is based on the belief that residents are their most important assets. This philosophy has resulted in virtually no problems with rent collection and low levels of vacancy.

Financing Information

Capital Financing Sources: Low Income Housing Tax Credits (LIHTC), Boston Linkage fee, AFL-CIO Housing Investment Trust

Operating Financing Sources: Boston Housing Authority—Project Based Housing Choice Vouchers

Services Financing Sources: Massachusetts Senior Care Options (SCO), MassHealth, Massachusetts Department of Mental Health, Massachusetts Aging Service Access Points

¹ Information for this profile taken from the Mission Creek Senior Community Profile in the Homeless Older Adults Strategic Plan, Shelter Partnership, Inc., March 2008 <http://www.shelterpartnership.org/Common/Documents/studies/HOAPlanCompiled.pdf>

The Claremont, Bronx, NY

Supportive Congregate Housing for Older Adults



The Claremont

A development of 95 units of supportive congregate housing for single adults who live with functional impairments and 19 units of affordable housing for families.

Developer and Owner:

West Side Federation for Senior and Supportive Housing, Inc. (WSFSSH)

Property Management:

West Side Federation for Senior and Supportive Housing, Inc.

Tenant Profile:

The Claremont is targeting single adults age 60 and older who live with functional impairments that may include serious and persistent mental illness, physical frailty, cognitive impairments, or some combination of these.

Supportive Services Provider:

West Side Federation for Senior and Supportive Housing, Inc.

Services Approach:

WSFSSH provides 24/7 comprehensive services, grounded in resident choice, to support each person's ability to live fully, safely, independently and with dignity in the community.

Key Features and Innovations

- Residents have access to three nutritious meals and two snacks each day, with at least two choices for each meal as well as a resident-accessible kitchen
- Each studio unit is furnished and has its own full bathroom and kitchenette.
- On an as needed basis residents can receive assistance with housekeeping, personal care, laundry, mobility, medication management, and money management. Residents also receive case management and can access medical, psychiatric, and substance abuse services.
- The Claremont is located in the Mount Eden section of the Bronx, approximately 10 blocks northeast of Yankee Stadium. It is within easy walking distance of a park, public transportation, and a large selection of stores.

Financing Information

Capital Financing Sources

New York City Dept of Housing Preservation and Development	\$ 16,100,000
New York State Homeless Housing and Assistance Corporation	\$ 4,400,000
Richman Housing Resources, LIHTC Equity	\$ 7,600,000
New York State Energy Research and Development Authority	<u>\$ 163,000</u>
Total	\$ 28,263,000

Operating Financing Sources

Supplemental Security Income (SSI) Level 3 (after personal needs allowance deducted), New York/New York III Agreement

Services Financing Sources

New York/New York III Agreement, Service fee from room and board cash flow