

# STRATEGIES TO END HOMELESSNESS FOR SENIORS AND SPECIAL POPULATIONS

WEST SACRAMENTO COMMUNITY CENTER  
THURSDAY, SEPTEMBER 26, 2019

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- 9:30 am**      **Welcome & Introductions**
- 10:00**      **SESSION 1: Seniors and Special Populations:** A facilitated discussion of best practice strategies to address the rising numbers of senior citizens, and other special populations, experiencing homelessness in our communities.
- 11:00**      **Break**
- 11:15**      **SESSION 2: Living Homeless in RVs/Vehicles:** A facilitated discussion of new “safe parking” programs, and emerging practices to address persons experiencing homelessness living in cars and recreational vehicles.
- 12:15 PM**    **CoC Roll Call**
- 12:45**      **Lunch**
- 1:30**      **State Legislative and Funding Updates**
- ❖ **HCD Updates** - Lindsey Slama, MSW; Homelessness Program Representative, HCD
  - ❖ **Housing California Updates** - Homebase
- 2:00**      **HUD Updates**
- ❖ Cynthia Abbott, Supervisory Field Representative (Northern California), HUD
  - ❖ Leticia Johnson, Senior CPD Representative, HUD
- 2:15**      **SESSION 3: NOFA Roundtable [Breakouts]:** Facilitated breakout discussions on steps to prepare for current and upcoming state and federal funding opportunities.
- ❖ HHAP Spotlight Speaker: Lahela Mattox, Director of Local Program Partnerships, BCSH
- 3:00**      **Adjourn**

## Northern California/Central Valley Homeless Roundtable Acronym List

Acronym	Definition
AB	Assembly Bill
ACA	Affordable Care Act (Obamacare)
ADAP	AIDS Drug Assistance Program
AHAR	Annual Homeless Assessment Report
AI	Analysis of Impediments (to fair housing), a part of Consolidated Plans
AOD	Alcohol and Drug Dependency
APR	Annual Performance Report (for HUD homeless programs)
CA	Collaborative Applicant
CalFresh	California's SNAP (Supplemental Nutrition Assistance Program) (formerly Food Stamps)
CalWORKs	California Work Opportunities and Responsibility to Kids
CBO	Community Based Organization
CDBG	Community Development Block Grant (CPD program – federal)
CDCR	California Department of Corrections and Rehabilitation
CDVA	California Department of Veterans Affairs
CH	Chronically Homeless
CSBG	Community Services Block Grant (Federal program that flows from US Department of Health and Human Services to the California Department of Consumer Services and Development to California counties)
CHDO	Community and Housing Development Organization. Non-profit housing provider receiving minimum of 15% of HOME funds
CoC	Continuum of Care approach to assistance to the homeless
Continuum of Care	Federal grant program stressing permanent solutions to homelessness
Con Plan	Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG and other CPD programs
CPD	Community Planning and Development (HUD Office)
CY	Calendar Year
Davis Bacon	Statutory requirement that persons working on Federal assisted projects be paid at least minimum prevailing wage rates.
DHHS	Department of Health and Human Services (State Office)
DV	Domestic Violence
EHAP	Emergency Housing and Assistance Program Operating Facility Grants (State program. Obsolete.)
EHAPCD	Emergency Housing and Assistance Program Capital Development (State program). Not open to new applications
ESG	Emergency Solutions Grants (CPD – federal program. Flows to entitlement jurisdictions and HCD)
e-SNAPS	Electronic grants application and management system for HUD Homeless Assistance Programs
FESG	Federal Emergency Shelter Grants (obsolete program – replaced by ESG)
FHEO	Fair Housing and Equal Opportunity (HUD Office of)
FMR	Fair Market Rent (maximum rent for many HUD housing programs)
FQHC	Federally Qualified Health Center
FTE	full-time equivalent (employee) (2080 hours of paid employment)
FY	Fiscal Year
GAO	Government Accountability Office
GA/GR	General Assistance/General Relief (county assistance)
HAP	Housing Assistance Payments

<b>Acronym</b>	<b>Definition</b>
HAP	Housing Assistance Plan; Housing Plans required by CDBG
HCD	Housing and Community Development (California Department of)
HCV	Housing Choice Voucher Rental Assistance (formerly Section 8)
HEARTH Act	Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009, S. 896
HIC	Housing Inventory Chart (inventory of housing for the homeless conducted annually in January for same night as the PIT)
HPRP	Homeless Prevention and Rapid Re-Housing Program (obsolete)
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HOPWA	Housing Opportunities for Persons with AIDS (CPD program)
HPC	High Performing Community
HQS	Housing Quality Standards (required before move in for HUD programs)
HRSA	Health Resources and Services Administration (division of US HHS)
HUD	U.S. Department of Housing and Urban Development (federal)
HUD-VASH	HUD Vouchers through Veterans' Affairs Supportive Housing
IDIS	Integrated Disbursement and Information System (CPD system)
IHSS	In-Home Supportive Services
LEA	Local Education Agency
LGBTQ	Lesbian, Gay, Bisexual, Transgender, or Questioning
LOCCS	Line of Credit Control System
MHSA	Mental Health Services Act
MOU	Memorandum of Understanding
NAEH	National Alliance to End Homelessness
NAMI	National Alliance on Mental Illness
NIMBY	Not In My Back Yard
NOFA	Notice of Funding Availability
OneCPD	Resource Exchange and email notice system for HUD CDP
PHA/ HA	Public Housing Authority
PIT Count (PITC)	Point-In-Time Homeless Count (unsheltered count conducted biennially, every odd numbered year; sheltered count, every January)
PSH	Permanent Supportive Housing
RFP	Request for Proposals
RFQ	Request for Quotations. Used to solicit price quotes under the simplified acquisition procurement method.
SA	Sexual Assault Or Substance Abuse
SB	Senate Bill
SAMHSA	Substance Abuse & Mental Health Services Administration
S + C	Shelter + Care (obsolete – replaced by CoC Program)
Section 8	Housing Assistance Payment Program (Housing and Community Development Act of 1974)
Section 202	Loans for construction/rehab of housing for the elderly or handicapped
Section 202/811	Programs for housing assistance to the elderly and people with disabilities
SHP	Supportive Housing Program (obsolete – replaced by CoC Program)
SMI	Serious Mental Illness or Seriously Mentally Ill
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamps)
SNAPS	Special Needs Assistance Program (HUD Division that deals with homelessness)
SOAR	SSI/SSDI Outreach, Access, and Recovery (SSI/SSDI Application program)

<b>Acronym</b>	<b>Definition</b>
SRO	Single-Room Occupancy housing units
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSO	Supportive Services Only (Type of CoC grant providing services only)
SSVF	Supportive Services for Veterans Families (but can serve single adults)
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
TAY	Transition Age Youth
UFA	Unified Funding Agency
USDA	U.S. Department of Agriculture
VA	Veterans Affairs (U.S. Department of)
VASH	Veterans Affairs Supportive Housing

\*Thanks to Nevada/Placer CoC for use of their acronym list.

**OREGON**



# CALIFORNIA'S 58 COUNTIES

**PACIFIC OCEAN**

**MEXICO**

## Group Activity

### Recorders' Notes

What are the biggest challenges you face supporting older adults and clients with complex medical needs? Be specific!	What are some of the solutions that you've identified to overcome these challenges? Who are the community partners that helped provide resources/support?
<i>Challenge 1:</i>	
<i>Challenge 2:</i>	
<i>Challenge 3:</i>	
<i>Challenge 4:</i>	

What are the biggest challenges you face supporting older adults and clients with complex medical needs? Be specific!	What are some of the solutions that you've identified to overcome these challenges? Who are the community partners that helped provide resources/support?
<i>Challenge 5:</i>	
<i>Challenge 6:</i>	
<i>Challenge 7:</i>	
<i>Challenge 8:</i>	

# HOMELESSNESS AMONG OLDER ADULTS

## THE AGING OF THE HOMELESS POPULATION

The homeless population is aging faster than the general population in the United States.<sup>1</sup> Over the past two decades, the median age of single homeless adults in the U.S. increased from 37 years in 1990 to nearly 50 years in 2010.<sup>2</sup> It is estimated that elderly homelessness will have increased by 33% from 2010 to 2020 (44,172 in 2010 to 58,772 in 2020).<sup>3</sup> By 2050, the elderly homeless population is projected to more than double, with 95,000 elderly persons expected to be living without stable housing.<sup>4</sup>

## FACTORS CONTRIBUTING TO HOMELESSNESS AMONG OLDER ADULTS

### PATHWAYS INTO HOMELESSNESS

Research indicates that there are two main pathways into homelessness for older adults:

1. Some older adults have experienced many years of personal challenges, including mental illness, substance use problems, and criminal justice involvement. These individuals tend to become homeless as younger adults and remain chronically homeless into older adulthood.<sup>5</sup>
2. Some older adults may have experienced housing and financial instability earlier in life, but encounter a crisis late in life that leads to a first-time period of homelessness. Common crises include loss of housing (due to sale by a landlord or eviction), death of a partner or family member, or a disabling illness.<sup>6</sup> Living on limited, fixed incomes through Social Security, Supplemental Security Income, and/or retirement can increase housing burden and also make it more difficult to re-stabilize after a crisis occurs.<sup>7</sup>

A study of three international cities (including Boston) found the majority of elderly clients to be experiencing a first-time period of homelessness, and that prior to this episode many clients had a history of stable adult employment and private living accommodations. Among elderly adults experiencing homelessness in the study, common causes of first-time homelessness included: financial problems, mental health problems, relationship breakdown, physical health problems, and issues related to work.<sup>8</sup>

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<sup>1</sup> Rebecca Brown et al, "Meeting the Housing and Care Needs of Older Homeless Adults: A Permanent Supportive Housing Program Targeting Homeless Elders," *Seniors Housing & Care Journal*. 2013 Jan 1; 21(1): 126, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3980491/>

<sup>2</sup> Ibid, page 127.

<sup>3</sup> National Health Care for the Homeless Council (NHCHC), "Aging and Housing Instability: Homelessness among Older and Elderly Adults," In *Focus Quarterly Research Review: Vol. 2, Issue I, September 2013*, page 1, [http://www.nhchc.org/wp-content/uploads/2011/09/infocus\\_september2013.pdf](http://www.nhchc.org/wp-content/uploads/2011/09/infocus_september2013.pdf)

<sup>4</sup> Ibid.

<sup>5</sup> Brown et al, "Meeting the Housing and Care Needs of Older Homeless Adults," page 127.

<sup>6</sup> Ibid, 128.

<sup>7</sup> NHCHC, "Aging and Housing Instability: Homelessness among Older and Elderly Adults," page 2.

<sup>8</sup> Crane M, Byrne K, Fu R, Lipmann B, Mirabelli F, Rota-Bartelink A, et al. The causes of homelessness in later life: findings from a 3-nation study. *J Gerontol B Psychol Sci Soc Sci* 2005;60(3):S152-9, as cited in NHCHC, "Aging and Housing Instability: Homelessness among Older and Elderly Adults," page 2.

## ECONOMIC AND HOUSING FACTORS

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Research has found that nearly all older adults at risk for homelessness live in poverty, and financial problems are the most common cause of homelessness reported by older adults.<sup>9</sup> Older adults may experience difficulty paying rent or a mortgage and loss of housing due to sale by a landlord or foreclosure as factors in increasing risk of homelessness.<sup>10</sup> Older adults experiencing homelessness may also be retired and find it difficult or impossible to re-enter the workforce when financial challenges arise.<sup>11</sup> High health care costs, including dental, hearing and vision services that have limited or no coverage under Medicaid and Medicare, can also exacerbate financial instability that can result in homelessness.<sup>12</sup>

## SOCIAL VULNERABILITIES

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Social vulnerabilities that can increase the risk of homelessness among older adults include social isolation; lack of children, relatives or friends who are able and willing to share housing; loss or breakdown of relationships including death or divorce; and disputes with landlords, co-tenants or neighbors that damage housing security.<sup>13</sup>

## CHALLENGES FACING SENIORS EXPERIENCING HOMELESSNESS

### CHRONIC AND COMPLEX HEALTH PROBLEMS<sup>14</sup>

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#### COMMON MEDICAL CONDITIONS

Medical conditions that are common among older adults experiencing homelessness include:

- Chronic Alcohol Abuse
- Major Psychiatric Illness
- Chronic Pulmonary Disease
- Peripheral Vascular Illness
- Hypertension
- Dementia
- Dental care and vision needs
- Tuberculosis
- Arthritis
- Age-onset cancers
- Diabetes

Many of these conditions are treatable, but doing so is more difficult when people are experiencing homelessness and do not have access to consistent medical care. Additionally, diagnosis and treatment of medical conditions among older adults can be complicated by client fear of what will happen if they seek help, a lack of resources or financial assistance to pay for care, and a distrust of health care or social service professionals.<sup>15</sup>

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<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Justice in Aging, "How to Prevent and End Homelessness Among Older Adults," Special Report, April 2016, page 2, <https://www.justiceinaging.org/wp-content/uploads/2016/04/Homelessness-Older-Adults.pdf>

<sup>13</sup> NHCHC, "Aging and Housing Instability: Homelessness among Older and Elderly Adults," page 2.

<sup>14</sup> SeniorNavigator, A VirginiaNavigator Website, "Special Concerns for the Elderly Who Are Homeless," 2019, <https://seniornavigator.org/article/12426/special-concerns-elderly-who-are-homeless>

<sup>15</sup> Ibid.

Regularity of meals and proper nutrition are also particularly important for older adults. Regular meal schedules are important for medication adherence and proper nutrition can help prevent the onset or exacerbation of chronic health problems such as diabetes and hypertension.<sup>16</sup>

## PREMATURE AGING & GERIATRIC CONDITIONS

Individuals experiencing homelessness and poverty often experiencing weathering, or premature aging as a result of prolonged exposure to stress.<sup>17</sup> Weathering can cause individuals without stable housing to age prematurely by 10 to 20 years beyond their chronological age, particularly impacting morbidity and mortality for older adults.<sup>18</sup>

Individuals experiencing homelessness over the age of 50 also experience higher rates of “geriatric conditions” that are often associated with individuals ages 65 and older, including memory loss, cognitive impairment, falls, difficulty performing activities of daily living (ADLs), major depression and urinary incontinence.<sup>19</sup> Individuals experiencing homelessness are also unable to adapt their environment to these physical limitations and health conditions: adaptive equipment such as walkers and glasses may be lost or stolen, and shelter features such as shared bathrooms and bunk beds can increase the risk of falls and injury.<sup>20</sup> Distances between services such as food, housing and social services, as well as long waiting lines, can also be difficult for seniors with limited mobility or other geriatric conditions.<sup>21</sup>

Older adults experiencing homelessness are also susceptible to frailty, a major geriatric condition that is defined as the “...accumulation of deficits in physical, psychological, and social domains leading to adverse outcomes such as disability and mortality.”<sup>22</sup> Factors such as chronological age, being female, increased health care utilization, and poorer nutrition scores are linked to increased frailty in the older homeless population.<sup>23</sup>

## SUBSTANCE USE

Alcohol use is a particular concern among older adults, as age-related changes in the metabolism of alcohol that can result in more severe intoxication.<sup>24</sup> Vulnerable older adults who receive care in emergency departments are diagnosed with alcohol dependence at much higher rates than younger patients.<sup>25</sup> Longer histories of substance use and the health challenges that result from prolonged substance use can require special care and recovery-based interventions.

## HEALTH CARE UTILIZATION

Research has found that unstably housed adults over the age of 50 utilized the Emergency Department at rates nearly four times the general population.<sup>26</sup>

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<sup>16</sup> Chicago Alliance to End Homelessness (CAEH), “Homeless Over 50: The Graying of Chicago’s Homeless Population,” October 2011, page 9, [http://www.nhchc.org/wp-content/uploads/2011/10/homeless\\_Over\\_50\\_Report.pdf](http://www.nhchc.org/wp-content/uploads/2011/10/homeless_Over_50_Report.pdf)

<sup>17</sup> NHCHC, “Aging and Housing Instability: Homelessness among Older and Elderly Adults,” page 2.

<sup>18</sup> Ibid.

<sup>19</sup> Brown et al, “Meeting the Housing and Care Needs of Older Homeless Adults,” page 127.

<sup>20</sup> Ibid, 128.

<sup>21</sup> Justice in Aging, “How to Prevent and End Homelessness Among Older Adults,” Special Report, April 2016, page 5.

<sup>22</sup> Salem BA, Nyamathi AM, Brecht ML, Phillips LR, Menten JC, Sarkisian C, et al. Correlates of Frailty Among Homeless Adults. *Western Journal of Nursing Research* 2013:1-26, as cited in NHCHC, “Aging and Housing Instability: Homelessness among Older and Elderly Adults,” page 3.

<sup>23</sup> NHCHC, “Aging and Housing Instability: Homelessness among Older and Elderly Adults,” page 3.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid, page 2.

- A study comparing older and younger ED patients without stable housing found that older patients accounted for more than a third of the visits by all homeless adults and were more likely to arrive by an ambulance and be admitted to the hospital following an ED visit.<sup>27</sup>
- Another study of 250 unstably housed adults age 50 or older in 8 Boston shelters found that 64% had at least one ED visit in the past 12 months, 29% had at least four ED visits in the past 12 months, and 34% were hospitalized in the past 12 months.<sup>28</sup> Factors that were associated with making at least four ED visits in the past 12 months include: female sex, white race, no usual source of primary care, at least one outpatient visit during the past year, alcohol problem, at least one fall during past year, executive dysfunction, and sensory impairment.<sup>29</sup>

## VIOLENCE AND VICTIMIZATION

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Older adults who experience unsheltered homelessness are at an increased risk of being victimized due to their health and mobility limitations.<sup>30</sup> This may also be true for older adults who are residing in shelter but are forced to leave during the day, leaving older adults vulnerable on the streets during the time that shelter is closed.<sup>31</sup> Older adults may avoid shelters or homeless services in general due to fear of victimization.<sup>32</sup>

## LIMITED INCOME

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Many older adults are limited in their employment options or have already retired, with their primary source of income being Supplemental Security Income (SSI). SSI may not provide enough financial support to cover rent or housing expenses, along with food, utilities, and medical care and treatment.<sup>33</sup> Older adults may also find it harder to fit into the new labor market, with jobs either inaccessible due to the skills required (such as computer literacy) or available jobs providing only part-time, minimum-wage, and/or occasional employment.<sup>34</sup>

## UNABLE TO ACCESS PUBLIC ASSISTANCE

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Older adults experiencing homelessness may not be aware of public assistance that is available to them, including Medicare, Medicaid or Social Security. For older adults, it may be particularly difficult to access benefits due to health or mobility challenges that make it difficult to access services at application locations and complete the application process.<sup>35</sup> Physical and cognitive difficulties, as well as the lack of a permanent address, can also be a barrier to applying for and receiving benefits.<sup>36</sup>

<sup>27</sup> Brown RT, Steinman MA. Characteristics of emergency department visits by older versus younger homeless adults in the United States. *Am J Public Health* 2013;103(6):1046-51 as cited in NHCHC, "Aging and Housing Instability: Homelessness among Older and Elderly Adults," page 2.

<sup>28</sup> Brown RT, Kiely DK, Bharel M, Grande LJ, Mitchell SL. Use of Acute Care Services Among Older Homeless Adults. *JAMA* 2013:E1-E4 as cited in NHCHC, "Aging and Housing Instability: Homelessness among Older and Elderly Adults," page 2.

<sup>29</sup> Ibid.

<sup>30</sup> SeniorNavigator,, "Special Concerns for the Elderly Who Are Homeless".

<sup>31</sup> Brown et al, "Meeting the Housing and Care Needs of Older Homeless Adults," page 128.

<sup>32</sup> Justice in Aging, "How to Prevent and End Homelessness Among Older Adults," Special Report, April 2016, page 5.

<sup>33</sup> Brown et al, "Meeting the Housing and Care Needs of Older Homeless Adults," page 128.

<sup>34</sup> CAEH, "Homeless Over 50: The Graying of Chicago's Homeless Population," October 2011, page 11.

<sup>35</sup> Ibid.

<sup>36</sup> Justice in Aging, "How to Prevent and End Homelessness Among Older Adults," Special Report, April 2016, page 5.

Additionally, older adults between the ages of 50 and 64 may have serious health and housing needs due to daily stress, poor nutrition, and living conditions, yet safety net programs for the elderly are often targeted to older individuals (including subsidized housing at age 62, Medicare at age 65, and Social Security benefits at age 65) .<sup>37</sup>

## DISCRIMINATION

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Discrimination and stereotyping based on both age and homelessness can prevent older adults from accessing housing, health care, employment and other necessary resources to help them exit homelessness.<sup>38</sup>

## HOUSING AND SERVICE INTERVENTIONS FOR OLDER ADULTS EXPERIENCING HOMELESSNESS

### KEYS TO SUCCESS IN ELDER CARE (HEALTH AND HOUSING CONSIDERATIONS)<sup>39</sup>

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- Establish good client rapport
- Outreach
- Multidisciplinary team
- One-stop shopping (multiple services on-site)
- Close hospital affiliation and link to hospitalist
- Referral network
- Geriatric assessment
- Continuity of care
- Skill at managing chronic disease
- Case management for placement and follow up
- Aftercare
- Safe and ADA-accessible environment (to prevent falls)
- Mental health evaluation
- Pharmacologic support
- Drug administration support (LPN)
- Stay in touch with colleagues in other programs to find out what's working for them and share your successes

## STAFFING CONSIDERATIONS

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### STAFF TRAINING AND EDUCATION

It is important that staff of homeless service agencies and housing providers are provided training and education on how to appropriately and effectively serve older adults, including:

- Population-specific housing and service needs of older adults;
- Recognizing and addressing age discrimination;
- Understanding aging and life stage issues, including how to support residents in the end-of-life process;
- Addressing feelings of loss, grief, and isolation among older adult clients;
- How to help older adult clients maintain their sense of dignity; and
- sensitivity training on safety issues for older homeless adults.<sup>40</sup>

Additionally, staff with clinical experience may benefit from training and education in conducting assessments for dementia and the intersections of aging and substance use.<sup>41</sup> If an organization is serving older adults experiencing

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<sup>37</sup> NHCHC, "Aging and Housing Instability: Homelessness among Older and Elderly Adults," page 1-2.

<sup>38</sup> Health Care for the Homeless (HCH) Clinicians' Network, "Aging on the Streets," Healing Hands Vol 12, No. 2, April 2008, page 2, <http://www.nhchc.org/wp-content/uploads/2011/10/Apr08HealingHands.pdf>

<sup>39</sup> Ibid.

<sup>40</sup> CAEH, "Homeless Over 50: The Graying of Chicago's Homeless Population," October 2011, page 23.

<sup>41</sup> Ibid.

homelessness but staff are not yet adequately trained to serve this population, it is important that the organization partner with other agencies that have expertise in serving geriatric populations.<sup>42</sup>

### ADDITIONAL STAFF ROLES<sup>43</sup>

Programs that target older adults or that are working to better accommodate older adults among the populations they serve may need to employ new service roles, either through hiring new staff or working with service partners. Some of these roles include:

- On-site nurse practitioner to assist with acute medical needs, psychosocial services, preventative services and links to primary care
- Behavioral health provider
- Behavior health case manager
- Rehabilitation specialist
- Resident service coordinators

It may be beneficial to have an integrated service provider and property management team who are both trained to identify geriatric health issues, cognitive difficulties and the need for new supports like activities of daily living.

## HEALTH CARE

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### SYSTEM INTERVENTIONS

Interventions that can be implemented throughout the homeless response system to better respond to the needs of older adults include:

- Increase health education and health management programs for residents, such as health circles and peer-to-peer programs;
- Institute a campaign for nutritional eating and cooking targeting both consumers and food preparation staff (as appropriate);
- Pursue linkages between mental health and substance use treatment programs for older adults and the homeless system;
- Provide routine screening and counseling on alcohol abuse;
- Addressing common risk factors for falls;
- Increase access to eye glasses and hearing aids;
- Develop shelter-based convalescence or medical respite facilities; and
- Invest in nurse case management to support chronic disease self-management among clients.<sup>44</sup>

It is also important that homeless service agencies and housing programs are able to connect older adults experiencing homelessness to health care specialists, including dentists, optometrists/ophthalmologists, gerontologists, cardiologists, rheumatologists, urologists, and gastroenterologists.<sup>45</sup> Additionally, options should be provided through the homeless response system for older adults to receive flu and pneumonia vaccines.<sup>46</sup>

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<sup>42</sup> CSH, "Healthy Aging in Supportive Housing," page 35.

<sup>43</sup> Ibid, page 36-37.

<sup>44</sup> NHCHC, "Aging and Housing Instability: Homelessness among Older and Elderly Adults," page 4 and CAEH, "Homeless Over 50: The Graying of Chicago's Homeless Population," October 2011, page 21.

<sup>45</sup> CAEH, "Homeless Over 50: The Graying of Chicago's Homeless Population," October 2011, page 9.

<sup>46</sup> HCH Clinicians' Network, "Aging on the Streets," page 4.

For addressing co-occurring medical and behavioral health challenges, the current best practice is establishing or coordinating integrated care teams to provide comprehensive services.<sup>47</sup>

## DISCHARGE PLANNING<sup>48</sup>

Homeless and housing service providers should work with hospitals and other care facilities to develop discharge plans for seniors who are exiting institutions into the homeless response system or into a housing program. The discharge plan should include procedures for coordinating continuous care across multiple systems and for connecting with a variety of resources that meet complex tenant needs considerations for transportation, food security, linkages to home health aides and access to/assistance with required medications.

## CARE COORDINATION AND CASE MANAGEMENT

Care coordination and continuity of care are particularly important for older adults experiencing homelessness, as they often have health problems that are treated by several clinicians, often in different locations, and may have co-occurring and/or chronic conditions that require specialized care.<sup>49</sup> These supports can be funded by Medicare and Medicaid and have been shown to reduce the number of hospitalizations and health crises among seniors experiencing homeless.<sup>50</sup>

Best practices for coordinating care for individuals with complex conditions includes a comprehensive needs assessment, individualized care planning, facilitating access to needed services and communication and monitoring.<sup>51</sup> Making use of multidisciplinary service teams that can provide “one stop” access, and facilitate coordination, has been found to be a successful approach, particularly for serving older adults with mobility limitations who might struggle to travel off-site to access services.<sup>52</sup>

## HEALTH CARE AND HOUSING INTEGRATION<sup>53</sup>

For supportive housing programs that serve older adults, it is crucial health care and housing be closely integrated and that residents are able to access critical health resources when they are needed. Some models for improving access to health care in supportive housing include:

- **In-home healthcare and visiting health staff:** Supportive housing providers should consider establishing healthcare partnerships to identify opportunities for in-home health care, including opportunities for nurses and in-home caregivers to serve tenants on-site or in their units.
- **Mobile health services:** Older adults may be unwilling or unable to travel offsite for health care services. Mobile services, including telemedicine, can help meet the needs of older adults, including delivering patient assessments, conducting monitoring and follow-up, and providing mental health therapy.

## MEDICATION ASSISTANCE<sup>54</sup>

Homeless services and housing staff should work closely with older adult clients and their physicians to develop plans for in-home medication assistance, as well as contingency plans when regimens are not followed. Agencies may also be able to work with the client to keep a list of pharmacies used by the client and their contact

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<sup>47</sup> CSH, “Healthy Aging in Supportive Housing,” page 20.

<sup>48</sup> Ibid, page 15.

<sup>49</sup> Ibid, page 21.

<sup>50</sup> Justice in Aging, “How to Prevent and End Homelessness Among Older Adults,” Special Report, April 2016, page 9.

<sup>51</sup> CSH, “Healthy Aging in Supportive Housing,” page 21.

<sup>52</sup> Ibid.

<sup>53</sup> Justice in Aging, “How to Prevent and End Homelessness Among Older Adults,” Special Report, April 2016, page 9.

<sup>54</sup> Ibid, 16-17.

information, as well as a to regularly review the client’s medication lists. It is important to note that medication assistance is not the same as medication management, which has different restrictions and requirements by state of which providers should be aware.

## **EXPAND AND INCREASE UTILIZATION OF MEDICAL RESPITE PROGRAMS<sup>55</sup>**

Medical respite programs, also called recuperative care, are short term residential programs that provide medical care and other supportive services to homeless individuals who are recovering from a hospitalization. Currently available in 28 states and the District of Columbia, the services are provided in a wide range of settings, including freestanding facilities, homeless shelters, motels, nursing homes, and transitional housing. These programs allow older adults experiencing homeless or housing instability a chance to rest and recover, reducing the revolving door between the emergency room and the street.

## **SUPPORTIVE SERVICES**

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### **EMPLOYMENT**

Employment interventions that can be offered through the homeless response system include:

- Hiring and/or training of employment specialists who specialize in older job seekers;
- Forming relationships with advocates who can educate homeless service agencies to create a greater awareness of age discrimination
- Exploring the development of specialized programming for older in on-site job training programs that is geared to the populations specific learning needs and pace of learning.<sup>56</sup>

### **LEGAL SERVICES**

Older adults may have additional legal services needs than other clients, including:

- Vulnerable older adults may need legal assistance to help maintain their housing, including eviction and foreclosure prevention assistance.<sup>57</sup>
- Older adult clients may also be susceptible to financial exploitation or elder abuse and require legal services to respond to these forms of victimization.<sup>58</sup>
- Legal advocacy may be necessary to help older adults access benefits and safety net programs, such as SSI and Medicaid.<sup>59</sup>
- Clients experiencing cognitive decline may also need or want a third party to make medical and/or financial decisions for them according to advanced directive.<sup>60</sup>
- Clients may need assistance with estate planning, including the development of living trusts, wills and powers of attorney. In particular, these documents can help direct caregivers and appointed executors to carry out an older adult’s wishes as they near the final stages of life or if they become incapacitated and unable to make their own financial and medical decisions.<sup>61</sup>

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<sup>55</sup> Justice in Aging, “How to Prevent and End Homelessness Among Older Adults,” Special Report, April 2016, page 8.

<sup>56</sup> CAEH, “Homeless Over 50: The Graying of Chicago’s Homeless Population,” October 2011,, pages 9 and 22.

<sup>57</sup> Justice in Aging, “How to Prevent and End Homelessness Among Older Adults,” Special Report, April 2016, page 10.

<sup>58</sup> CSH, “Healthy Aging in Supportive Housing,” page 30.

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

## MAINSTREAM BENEFITS

Interventions to improve access to mainstream benefits for older adults through the homeless response system include:

- Increase training for case managers about SSI, Medicaid, Medicare, and other assistance, including additional health care insurance if necessary;
- Provide information on benefit coverage and eligibility requirements to older adults;
- Increase collaboration with legal advocates to support clients in advocating for their benefits;
- Providing enrollment support, including tracking current benefits and benefits for which clients may be newly eligible as their housing, housing, and economic situations change; and
- Investigate partnerships with firms focused on providing access to disability benefits.<sup>62</sup>

## TRANSPORTATION AND ACCESSIBILITY

Older adults have high accessibility needs for obtaining and sustaining housing and services, including needs for reliable transportation and in-home or physically accessible service locations.<sup>63</sup> It is also important for programs to have protocols in place for accessing 24/7 emergency services due to health emergencies.<sup>64</sup> Options for transportation services may include volunteer driver programs, paratransit services, door-through-door escort services, access to public transit/fixed route services, transportation voucher programs, and partnerships with mobility managers (if employed through your local aging organization or transportation agency).<sup>65</sup>

## OTHER SUPPORTIVE SERVICES

Older adult clients can benefit from access to exercise, nutritional programs, wellness groups, and recreational and social supports to help prevent social isolation.<sup>66</sup> Staff can also support older adults in address concerns regarding violence and victimization by providing information for older residents on self-defense strategies and options.<sup>67</sup>

In shelter and housing programs, older adults may need assistance in in completing activities of daily living (ADLs), such as cooking, cleaning, doing laundry and bathing as well as instrumental activities of daily living (IADLs), such as travelling to medical and other appointments, taking medications, and paying bills.<sup>68</sup> Home and community-based (HCB) services provide assistance with activities of daily living with the goal of providing the support needed so tenants can remain in their homes.<sup>69</sup> Medicaid and the Older Americans Act can provide funding to support the delivery of HCB services, although amount of assistance available and eligibility may vary by state.<sup>70</sup>

## END-OF-LIFE PLANNING CARE<sup>71</sup>

It is crucial to have staff with geriatric training that can help guide seniors with severe health concerns through end-of-life planning and provide end-of-life care.. End-of-life care often involves connecting with a client's family, close friends or community support contacts; for clients who do not have family or friends to support them through the

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<sup>62</sup>CAEH, "Homeless Over 50: The Graying of Chicago's Homeless Population,, page 22 and CSH, "Healthy Aging in Supportive Housing," page 29.

<sup>63</sup> Ibid, page 12.

<sup>64</sup> Ibid.

<sup>65</sup> CSH, "Healthy Aging in Supportive Housing," page 32.

<sup>66</sup> CAEH, "Homeless Over 50: The Graying of Chicago's Homeless Population,, page 22 and CSH, "Healthy Aging in Supportive Housing," page 19.

<sup>67</sup> Ibid, 23.

<sup>68</sup> CSH, "Healthy Aging in Supportive Housing," page 22.

<sup>69</sup> Ibid, page 23.

<sup>70</sup> Ibid.

<sup>71</sup> Ibid, page 33.

end-of-life process, it is important that programs have trained staff or relationships with staff at partner organizations such as hospice who can provide this intensive and personal support.

## ASSESSMENT

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Services assessments for older adults should be multidimensional, accommodate various modes of delivery (multiple languages, options for hearing and/or vision impaired, etc.), and include assessment of food security, mobility and health needs.<sup>72</sup>

## HOMELESSNESS PREVENTION

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Eviction prevention resources can help maintain stable housing for older adults and prevent experiences of homelessness. Resources that can help with eviction and homelessness prevention include:

- The **Emergency Food and Shelter National Board Program** gives money to states and localities throughout the country to help prevent or recover from an economic crisis. Services that can be funded through this program to prevent homelessness include rent or mortgage assistance, utility assistance, emergency food or emergency shelter.
- **Area Agencies on Aging** are found nationwide to serve elderly populations in their local areas. Area Agencies on Aging often maintain an emergency assistance fund that can be used by their resource coordinators on behalf of a client.
- **Local Department of Social Services** often help with housing emergencies for the elderly through their Adult Services or Adult Protective Services units.

Additionally, improving discharge planning from hospitals, mental health/substance use treatment facilities, respite care programs, and other facilities that serve older adults experiencing homelessness can help prevent exits into homelessness.<sup>73</sup>

## OUTREACH AND IDENTIFICATION

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Local Department of Social Services Adult Protective Services offices can help identify and make outreach to older adults who are at-risk of or experiencing homelessness.<sup>74</sup>

## EMERGENCY SHELTER

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Emergency shelters can better accommodate older adults by providing 24-hour shelter options so that elderly individuals can stay inside and rest during the day. Shelters may make a special effort to allow older adults to sleep near a bathroom.<sup>75</sup>

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<sup>72</sup> Ibid, page 12.

<sup>73</sup> CSH and Hearth, Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing," December 2011, page 6, [https://www.csh.org/wp-content/uploads/2012/01/Report\\_EndingHomelessnessAmongOlderAdultsandSeniorsThroughSupportiveHousing\\_112.pdf](https://www.csh.org/wp-content/uploads/2012/01/Report_EndingHomelessnessAmongOlderAdultsandSeniorsThroughSupportiveHousing_112.pdf)

<sup>74</sup> SeniorNavigator, A VirginiaNavigator Website, "Special Concerns for the Elderly Who Are Homeless," 2019,

<sup>75</sup> Ibid.

## PERMANENT SUPPORTIVE HOUSING

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Opportunities for improving the ability to serve older adults in permanent supportive housing projects include:

- Targeting units of housing to older adults and seniors who have experienced homelessness.<sup>76</sup>
- Housing providers can ensure that they are providing age-specific wraparound services, including access to health, benefits, and employment supports that are tailored to older adults.<sup>77</sup> Communities can also explore whether to create set-asides within current or new supportive housing for people aged 50-64.<sup>78</sup>
- In order to address the safety concerns of older adults, programs can explore the creation of safe housing options, including creating floors or set-aside space for older homeless adults.<sup>79</sup>
- There is a need for transition supports and frequent engagement for tenants newly entering supportive housing to help them secure benefits, access care, and manage their self-care. Close assessment and monitoring of new health issues and benefits eligibility is also important for those aging in place in supportive housing programs.<sup>80</sup>
- Property management staff should consider more flexible housing policies that permit hospital stays without losing housing or service program eligibility. Supportive housing funders like HUD are generally flexible about the duration of hospital stays, provided there is proper documentation.<sup>81</sup>
- Increasing affordable housing opportunities for seniors, particularly in neighborhoods where they can receive necessary resources and live their lives with dignity.<sup>82</sup>
- Renovate publicly assisted housing to accommodate older adults experiencing homelessness so that units are accessible for people with mobility impairments. Sources of funding that can support renovations include Section 8 program, Public Housing capital account, Public Housing operating account, Community Development Block Grant, and HOME program.<sup>83</sup>
- Develop a comprehensive emergency evacuation plan for supportive housing that incorporates which residents/units require special assistance in the case of an evacuation.<sup>84</sup>

## UNIT STRUCTURE AND MODIFICATIONS

Unit modifications may be necessary to support older adults in living safe and independently in housing programs, including:

- **Structural changes:** widening hallways and doorways, adding a first-floor bathroom, ramps, stair lifts, larger size rooms and bathrooms, no-step entry ways
- **Features, equipment and technology:** grab bars, handrails, removable shower heads, phones for hearing impaired, monitoring technology, monitoring and alert systems, brighter lighting, emergency lights, emergency pull chords, rugs/carpets fastened to floor, adjustable-height closet rods, full size refrigerators to store prepared food and medicine
- **Assistive devices:** bath/shower benches, walkers, canes, emergency pull chords and buttons, wheelchairs, Braille, magnification devices

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<sup>76</sup> CSH and Hearth, Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing,” page 8.

<sup>77</sup> CAEH, “Homeless Over 50: The Graying of Chicago’s Homeless Population,” October 2011, page 23.

<sup>78</sup> Ibid.

<sup>79</sup> Ibid.

<sup>80</sup> CSH, “Healthy Aging in Supportive Housing,” page 6.

<sup>81</sup> Ibid, 16.

<sup>82</sup> Justice in Aging, “How to Prevent and End Homelessness Among Older Adults,” Special Report, April 2016, page 9.

<sup>83</sup> Ibid.

<sup>84</sup> CSH, “Healthy Aging in Supportive Housing,” page 48.

- **Changing location/configuration:** moving furniture, raised furniture, raised toilet seats, lowered beds, lowered counter tops, providing space to charge mobility assistance equipment such as scooters<sup>85</sup>

Employing the principles of Universal Design can help housing developers and property managers develop units that are accessible to all tenants, including older adults.<sup>86</sup> Intentional design can also be used to help prevent falls among older adults and to help dementia patients navigate spaces.

#### FEDERAL HOUSING ASSISTANCE FOR OLDER ADULTS<sup>87</sup>

- **Section 202 Supportive Housing for the Elderly Program.** Created in 1959, Section 202 is a project-based housing program that provides housing and supportive services to very low-income elderly households. Eligible persons must be over 62 and have incomes at or below 50 percent of the area median income (AMI). This program is the only government-subsidized program dedicated exclusively to senior housing.
- **Public Housing.** Public housing is a federally subsidized housing program providing units to persons at or below 80 percent of AMI. Some PHAs give preference to elderly applicants. As of 2010, 31 percent—or over 350,000 public housing units—had a senior householder.
- **Housing Choice Vouchers (Section 8).** The Housing Choice Voucher Program provides tenant-based and project-based housing assistance to persons with incomes at or below 50 percent of AMI. Approximately 17 percent of the 1.9 million vouchers as of 2010 were being utilized by senior citizens.
- **Project-Based Section 8.** Project-based Section 8 is a public-private partnership in which the owner (private or non-profit) signs a contract with HUD to provide affordable rental units to low-income tenants. As of 2010 there were 1.27 million units of Project-based Section 8, of which approximately 50 percent were occupied by elderly householders.
- **Section 515 Rural Rental Housing Program.** Section 515 is a federally subsidized program providing rental assistance to rural areas. This program serves very low and extremely low income persons, with about half of the units being allocated to seniors.

#### THE ROLE OF MEDICAID IN HOUSING<sup>88</sup>

While Medicaid cannot pay for room and board, states can use Medicaid dollars to link older adults who need long-term services and supports to housing opportunities in their communities. Specialized case workers through Medicaid can help older adults maintain their tenancy and stay in their homes. States can also create collaborations between the Medicaid program and state and local housing and community development agencies to expand the availability of affordable, accessible housing for those with complex or chronic health conditions who need long-term services and supports.

#### TRANSITIONS TO HIGHER LEVELS OF CARE<sup>89</sup>

Tenants experiencing severe health crises and challenges might need a higher level of care than that which can be provided in supportive housing and may require the level of care provided by residential care facilities, hospice care or nursing homes. Providers should be trained to develop tenant transition plans for clients in need of a higher level of care, including knowledge of the terminology, types of care settings, and alternative community-based programs

<sup>85</sup> Ibid,” page 41 and 48.

<sup>86</sup> Ibid.

<sup>87</sup> M William Sermons and Meghan Henry, “Demographics of Homelessness Series: The Rising Elderly Population,” *Research Matters*, April 2010, page 6, <http://endhomelessness.org/wp-content/uploads/2010/04/rising-homelessness-population.pdf>

<sup>88</sup> Justice in Aging, “How to Prevent and End Homelessness Among Older Adults,” Special Report, April 2016, page 8.

<sup>89</sup> CSH, “Healthy Aging in Supportive Housing,” page 33.

that can safely prolong a senior’s independence in supportive housing. Partnerships with long-term care facilities, hospitals and residential substance use treatment facilities that can provide more intensive services are important to quickly connect older adults to the level of care they need when necessary. Program staff should be trained to regularly assess clients for new accommodations needs to help anticipate these changes in condition with enough time to secure new, appropriate resources.

## ASSISTED LIVING FACILITIES<sup>90</sup>

Assisted living facilities are different from the permanent supportive housing model, even though both provide a range of supportive services targeted to the needs of older adults. Assisted living facilities typically provide a wider array of more intensive services, including 24 hour staffing medication management, personal care, housekeeping and meal assistance, and are certified and regulated at the state level. Many assisted living facilities also have special units for memory impaired individuals. Assisted living facilities are one form of a higher level of care to which older adults experiencing homelessness may be discharged as their health and cognitive functions decline.

## ADVOCACY AND ACTION<sup>91</sup>

Preventing and ending homelessness for older adults and seniors requires action to address the need for safe, affordable housing and to ensure access to supportive services that promote maximum self-sufficiency and stability. This requires coordinated action on numerous fronts.

## HOUSING

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- Develop affordable housing targeted for seniors, incorporating design features that will allow them to age in place. Increase funding for the Section 202 program for new construction and to preserve and maintain existing units.
- Set aside units in existing subsidized housing and give preferences for seniors who are homeless and at-risk.
- Develop supportive housing for seniors.
  - Housing should be linked with a comprehensive services plan that includes age-appropriate services, many of them located on-site due to the mobility issues faced by many seniors, and provided by individuals with knowledge of geriatric health issues.
  - Services should 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, medication management, and community building activities aimed at reducing isolation.
  - Case management and care coordination should include planning for medical and cognitive decline, and the future need for in-home care, visiting nurse services or even hospice services, in order to avoid institutionalization. Projects should have policies in place that permit stays in hospitals and convalescent care facilities without resulting in tenants’ loss of housing.

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<sup>90</sup> Ibid, page 33-34.

<sup>91</sup> Ideas derived from: CSH & Hearsh, “Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing, Revised Policy Paper”, Prepared for the National Leadership Initiative to End Elder Homelessness, December 2011, at: [https://www.csh.org/wp-content/uploads/2012/01/Report\\_EndingHomelessnessAmongOlderAdultsandSeniorsThroughSupportiveHousing\\_112.pdf](https://www.csh.org/wp-content/uploads/2012/01/Report_EndingHomelessnessAmongOlderAdultsandSeniorsThroughSupportiveHousing_112.pdf) and Justice in Aging, “How to Prevent and End Homelessness Among Older Adults”, Special Report, April 2016, at: <https://www.justiceinaging.org/wp-content/uploads/2016/04/Homelessness-Older-Adults.pdf>

- Establish funding for home modification to help older adults age in place, for both market-rate housing units as well as publicly-subsidized units.

## PREVENTION AND SAFETY NET SERVICES

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- Expand availability of legal services that prevent evictions, foreclosures, and elder financial abuse, and help with access to benefits.
- Increase Social Security and Supplemental Security Income (SSI) benefit payments so that they lift people out of poverty and cover housing and living costs.
- Facilitate access to these benefits through programs like SSI/SSDI Outreach, Access, and Recovery (SOAR) that help eligible individuals apply for and access benefits as well as health insurance. Ensure that lack of a permanent address is not a barrier to accessing benefits.
- Provide outreach services to homeless elders to address all the issues that create housing barriers and interfere with stabilization once housed, including Social Security access, mental health or medical treatment, poor credit histories, etc.

## HEALTH AND BEHAVIORAL HEALTH CARE

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- Expand Medicare and Medicaid benefits so that seniors' out-of-pocket costs don't threaten their economic security. Expand coverage to include oral health, vision and hearing.
- Enhance health benefit accessibility by assisting with enrolling seniors who are homeless and by developing strategies for how health plans can locate and communicate with homeless members.
- Enhance access to preventative health care for homeless individuals to ensure less reliance on emergency visits and less risk of institutionalization, including through community health centers and health care for the homeless programs. Provide trainings to providers on the specialized medical needs of older adults.
- Expand medical respite programs and hospice for homeless older adults who need additional medical services. These programs allow homeless older adults a chance to rest and recover, reducing the revolving door between the emergency room and the street.
- Identify how to use the Medicaid program to provide housing-related services to older adults who are homeless or at-risk and need long-term services and supports, including for tenancy support, care coordination and case management.

# CASE STUDIES ON SERVING OLDER ADULTS EXPERIENCING HOMELESSNESS

## HEARTH (BOSTON, MA)

Hearth is a non-profit organization in Boston, MA dedicated to the elimination of homelessness among older adults. This mission is accomplished through a unique blend of prevention, placement, and housing programs all designed to help elders find and succeed in homes of their own.<sup>92</sup>

The Hearth model employs a two-prong strategy of outreach and housing to help older adults experiencing homelessness. The Hearth Outreach Program identifies older adults who are at risk of or experiencing homelessness and helps them to obtain or remain in permanent housing, while the Hearth Permanent Supportive Housing Program provides safe, affordable housing and optional on-site supportive services.<sup>93</sup>

### HEARTH OUTREACH PROGRAM<sup>94</sup>

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Hearth's Outreach Program seeks to reach individuals aged 50 or older who are currently living on the street, in homeless shelters or who are at risk of homelessness. The Program employs a team of outreach case managers supervised by a licensed social worker who help clients obtain and retain permanent housing by: providing direct assistance to identify and obtain safe, affordable housing; facilitating access to supportive services; stabilizing older adults within their homes; and helping them build social and community networks.

Outreach case managers visit Boston's homeless shelters and hospitals to obtain referrals from shelter staff and meet older adult clients to discuss permanent housing options. After identifying and enrolling clients in the Outreach Program, case managers guide clients in completing the subsidized housing application process by filling out paperwork, accompanying clients to interviews, conducting follow-up with agencies, and ensuring that housing is safe and affordable for the client. While clients wait for housing, outreach case managers support clients by helping them obtain health care, providing legal and financial assistance, seeking substance use and mental health treatment, and applying for benefits.

Once a permanent housing unit is identified, case managers accompany the client to sign the lease, furnish the unit, set up utilities, plan healthy meals, access local transportation, and get acclimated to the neighborhood. Case managers then work with clients to identify additional service needs, including physical health, mental health, and substance use care and treatment and check in regularly with the client to ensure that their housing situation is stable. As part of the Outreach Program, newly housed clients are also offered access to a psycho-educational support group, Back on Our Feet, that provides new residents with information and support from outreach staff and peers who have been housed for a longer period of time.

Hearth also employs an "at-risk" case manager who works specifically with older adults at risk of homelessness. The at-risk case manager receives referrals from day shelters, medical providers, elder services, and visiting nurse

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<sup>92</sup> Hearth, "About Us: Our Mission," <http://www.hearth-home.org/mission>

<sup>93</sup> Brown et al, "Meeting the Housing and Care Needs of Older Homeless Adults," page 130.

<sup>94</sup> Hearth, "Outreach Program," <http://www.hearth-home.org/outreach-program> and Brown et al, "Meeting the Housing and Care Needs of Older Homeless Adults," page 130-31.

association agencies, among other sources, to identify clients experiencing threats to their housing, including eviction, foreclosure, financial crisis, and unsustainable “doubled-up” housing situations. The case manager helps clients to stabilize their housing when possible through services including tenant counseling, landlord mediation, money management, and eviction prevention; for clients who cannot remain in their housing, case managers help them to identify new housing.

## HEARTH PERMANENT SUPPORTIVE HOUSING PROGRAM<sup>95</sup>

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As of June 2019, Hearth operates 188 units of permanent supportive housing located in seven different buildings throughout the Greater Boston area. Each residence is supported by an interdisciplinary team that manages and coordinates residents’ care, including site directors, licensed social workers, registered nurses, resident assistants, and personal care homemakers. Nursing, social work, and personal care are offered on-site. Group meals and activities are offered in each residence to nurture a sense of community.

The Hearth model of care addresses both the care needs that are unique to older homeless adults and the factors that contribute to homelessness in the older population. To address high rates of chronic illnesses and geriatric conditions, Hearth staff members facilitate access to medical care by helping residents to make medical appointments and by arranging transportation. To accommodate high rates of disability and mobility impairment, all residences are equal opportunity and fully wheelchair accessible. Optional supportive services are designed to address personal vulnerabilities that commonly precipitate homelessness among older homeless adults. Group activities and shared living spaces are available to address social isolation; frequent check-ins with social workers and client-centered individual action plans address behavioral issues and mental illness; and on-site substance awareness groups and counseling address substance use problems.

Hearth relies on several funding sources to provide housing and supportive services focused on the needs of older adults, including Section 8 project-based housing subsidies, Medicaid, and Department of Mental Health funding for eligible services. Hearth also utilizes HUD’s Emergency Shelter Grants (ESG) program to provide shallow subsidies to support homelessness prevention among seniors.

## 2018 PROGRAM OUTCOMES<sup>96</sup>

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- Hearth’s Outreach and Housing programs provided comprehensive direct care, housing placement and/or homelessness prevention services to 555 older adults across all programs (Outreach Homeless Services, Outreach Prevention Services, and Hearth Housing)
  - 342 elders received Outreach services. Of those, 82 were newly housed.
  - 213 elders received Hearth Housing services; Of those, 36 were newly housed.
- Hearth will be Adding 54 more units of permanent supportive housing through the development of a new housing program, Hearth at Four Corners, scheduled to open in summer 2020.

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<sup>95</sup> Hearth, “Housing,” <http://www.hearth-home.org/hearth-housing> and Brown et al, “Meeting the Housing and Care Needs of Older Homeless Adults,” page 131-32.

<sup>96</sup> Hearth, “Hearth Annual Report 2018,” pages 1-4, [https://static1.squarespace.com/static/5345ab11e4b0f69e5c973033/t/5c783d41ee6eb02636af6dfa/1551383875128/Hearth\\_19001+Annual+Report+web.pdf](https://static1.squarespace.com/static/5345ab11e4b0f69e5c973033/t/5c783d41ee6eb02636af6dfa/1551383875128/Hearth_19001+Annual+Report+web.pdf)

## ST. PAUL'S SENIOR SERVICES - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) (SAN DIEGO, CA)

St. Paul's Senior Services offers a full continuum of services for older adults and has served seniors who have low incomes and are at-risk for homelessness as part of its clientele for years.<sup>97</sup> In recent years, the organization has begun serving more seniors who are homeless or at risk of homelessness through its Program of All-inclusive Care for the Elderly (PACE) to offer supportive services in housing owned and operated by other organizations.<sup>98</sup>

### SAN DIEGO HOUSING COMMISSION<sup>99</sup>

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In 2013, St. Paul was approached by the San Diego Housing Commission, which had refurbished a building called Parker Kier in downtown San Diego to provide housing for formerly homeless seniors, transitional adult youth, and individuals with mental health needs. St. Paul's PACE provided supportive services for seniors in 11 units that received project-based vouchers.

### PARTNERSHIPS TO MOVE SENIORS INTO PERMANENT HOUSING<sup>100</sup>

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St. Paul's created relationships with all of the key homeless organizations in San Diego, including organizations that were providing temporary housing for seniors. St. Paul's worked with these organizations to keep seniors in place through long-term transitional housing while simultaneously working with the housing commission and developers to secure the permanent housing and enroll them in PACE.

### BRIDGE HOUSING<sup>101</sup>

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St. Paul's PACE and Bridge Housing have partnered to connect 63 homeless older adults with housing, medical, and social care. Bridge Housing provides the affordable housing units, and PACE provides health and social services to adults that are older than age 55 and require a skilled level of care. PACE also leads the process of identifying and enrolling eligible individuals for housing and services. They worked with other organizations in the community to find those in need and coordinate the transition process, which at times required extending stays in transitional housing units.

### STAFFING

The partnership between St. Paul's PACE and Bridge Housing required creating new staff positions and programs to better meet the needs of seniors experiencing homelessness, which included intensive case managers and mental health assessments and programs. A Supportive Housing Manager led the oversight of the move-in process, which included preparing units with furnishings, equipment and food. St. Paul's PACE offers on-site weekly social work hours and coordinates recreational activities and programs each week, in addition to other PACE health care services.

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<sup>97</sup> Gene Mitchell, "Creating Housing for Elders Without Homes," May 16, 2018, <https://www.leadingage.org/magazine/may-june-2018/Housing-for-Homeless-Seniors-the-First-Step-in-a-New-Life-V8N3>

<sup>98</sup> Ibid.

<sup>99</sup> Ibid.

<sup>100</sup> Ibid.

<sup>101</sup> The Scan Foundation, "St. Paul's Pace: Housing for Homeless Older Adults," Innovation in Health Care Award Case Summary, [https://www.thescanfoundation.org/sites/default/files/scan\\_innovationcasesummary\\_stpaul.pdf](https://www.thescanfoundation.org/sites/default/files/scan_innovationcasesummary_stpaul.pdf)

## FUNDING

Partnership services are primarily funded through each organization’s traditional funding streams. Housing provided by Bridge Housing was funded through government funds and tax credits, which were secured by Bridge Housing at the onset of the partnership. Partnering with a nonprofit organization provided an avenue for additional funding, making Bridge Housing eligible for additional government funding and tax credits. Health and social services provided through the model are fully funded through the St. Paul’s PACE program. This partnership also relied heavily on donations to prepare each of the 63 units with furnishings. Local churches also provided ongoing support to the partnership through their outreach programs by providing food donations for new residents.

## PROGRAM OUTCOMES

- Majority of residents housed in the units remained after one year (97%), in comparison to a national average success rate (80% to 85%).
- Reduction in hospital readmissions, emergency department visits, and inpatient stays (93%).
- Reduction in depression symptoms and increased independence for performing activities of daily living.

## LINKAGES TO SENIOR HOUSING (SONOMA COUNTY, CA)<sup>102</sup>

From 2016 to 2018, Sonoma County Area Agency on Aging (SCAAA) operated a senior homeless prevention program called Linkages to Senior Housing. The pilot project focused on stabilizing housing for vulnerable seniors through a comprehensive case management model. The program includes two social workers, a housing needs fund, money management services, two beds at an assisted living/residential care facility, shared housing services, rental assistance and housing vouchers. Individuals referred for these services have intensive case management needs and require a high number of home visits and telephone contacts. The focused care manager and community resources assist in addressing each older adult’s unique housing needs.

SCAAA identified the need for senior housing assistance by working with the County Board of Supervisors, case management staff and the AAA Advisory Council's Housing Workgroup. To address the need, SCAAA enlisted the support of various community partners—the Community Development Commission (for housing vouchers), a local assisted living facility (Mirabel Lodge), the local shared housing program at Petaluma People Services Center, the local homelessness coalition, Sonoma County Legal Aid (who helped with eviction prevention), Council on Aging (who provided a daily money manager), Adult Protective Services, and a myriad of other community partners to develop the program. For communities looking to implement a similar program, SCAAA recommends looking to the housing experts in your communities when developing the needed resources.

## BUDGET

Annual program costs for Linkages to Senior Housing were approximately \$1,000,000:

- Personnel - social worker and money manager: \$200,000 total
- Contracts for assisted living beds: \$108,000
- Rental subsidies: \$20,000
- The SHARE Program for shared housing: \$45,000

<sup>102</sup> National Association of Area Agencies on Aging, “2018 Aging Innovations & Achievement Awards,” page 18, <https://www.n4a.org/Files/AIA2018Final.pdf> and “Spotlight on Innovation: Linkages to Senior Housing,” October 24, 2018, [https://www.n4a.org/blog\\_home.asp?display=674](https://www.n4a.org/blog_home.asp?display=674)

- Purchase of services: \$50,000
- 10 in-kind housing vouchers from the Community Development Commission: approximately \$500,000

## OUTCOMES

In the program's first year, 71 percent of clients served saw a reduced risk of homelessness. Ten evictions were rescinded or avoided, nine clients received vouchers for permanent affordable housing, four clients were placed in SHARE rentals and three clients were sheltered at an assisted living facility. Additionally, 17 clients received Legal Aid advocacy and 26 clients received money management services to secure existing or new housing.

## REPLICABILITY

Other communities can replicate a similar program by partnering with their local Community Development Commission, Legal Aid, money management programs, shared housing agency and other partners.

## MISSION CREEK SENIOR COMMUNITY (SAN FRANCISCO, CA)<sup>103</sup>

Mission Creek Senior Community is the result of Mercy Housing California's collaboration with the San Francisco Redevelopment Agency, the San Francisco Department of Public Health, and the San Francisco Public Library to develop a housing project for seniors. In collaboration with these organizations, MHC developed 140 units of affordable senior housing, including 51 units for frail seniors. The building includes an Adult Day Health Center, ground floor retail space, an on-site computer lab, referral services, and the newest branch of the San Francisco Public Library to provide easy accessibility to community resources for resident seniors. Mission Creek is also located along a tidal creek with walking trails and plentiful green space, yet near several forms of public transit and neighborhood amenities. The community serves very low-income seniors, many of whom are at risk of homelessness or who have HIV/AIDS.

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.

## FUNDING

Funding for the development of this project was provided by the San Francisco Redevelopment Agency, Citibank Community Development Bank, Federal Home Loan Bank of San Francisco, National Equity Fund, Bank of America: Affordable Housing Program, Northern California Community Loan Fund, State of California Department of Housing and Community Development (through Proposition 46), San Francisco Housing Authority, City of San Francisco's Department of Public Health, and Catholic Healthcare West. Funds for the Library were provided by Branch Library Improvement Program.

## OUTCOMES

- In 2018, 193 total seniors were served and 5,032 total services were delivered to senior residents.

<sup>103</sup> Mercy Housing, "Mission Creek Senior," <https://www.mercyhousing.org/california/mission-creek-senior/> and CSH, "Mission Creek Senior Community, San Francisco, CA: Permanent Supportive Housing for Elders," [https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2012/01/ProjectProfile\\_MissionCreek\\_0112.pdf](https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2012/01/ProjectProfile_MissionCreek_0112.pdf)

- Mission Creek has won 13 design awards and recognition.

## PROJECT FIND (NEW YORK, NY)<sup>104</sup>

Project FIND provides low- and moderate-income and homeless seniors with the services and support they need to enrich their lives and live independently. This includes housing, meals, and programs that help individuals navigate the challenges of aging by encouraging community engagement and healthy living.

Project FIND operates three supportive housing residences that are home to about 600 people and four senior centers providing meals and social, fitness and recreational activities to over 3,000 members. Project FIND's service population includes men and women who are healthy and active, those who are frail and homebound, and/or those experiencing homelessness.

### SUPPORTIVE HOUSING

Project FIND's three supportive housing residences provide safe, permanent, affordable housing to people who were formerly homeless or living in sub-standard quarters. Social services are integrated with onsite social workers providing counseling, case management, assistance negotiating medical care and interpreting medical information, and other support. Many of the residents have persistent and serious medical problems, 76% are male, and most are between the ages of 73 and 85.

As of 2018, 35% of residents had tenancies of 10 or more years, 20% were 6-9 years, and 45% had been residents for less than 5 years.

- **The Hamilton Apartments:** Hamilton has 174 studio, one-bedroom and two-bedroom apartments for persons 62 years of age and older who earn less than 80% of Area Median Income. The residents of Hamilton House have access to two full time social workers, funded by the US Department of Housing and Urban Development. One of the key functions of the social work team is to monitor and respond to hospitalizations and temporary nursing home placements. The Hamilton also has a large and active Senior Center in the building which uses a separate entrance.
- **The Hargrave Apartments:** Hargrave has 112 apartments for persons who are 62 years of age and older and earning less than 80% of Area Median Income. The residents of Hargrave House have access to social work services, funded by the New York State Office of Temporary and Disability Assistance. A Senior center is housed on the ground floor.
- **The Woodstock:** The Woodstock contains 283 Single Room Occupancy (SRO) units. 60% of the units are reserved for formerly homeless persons, referred by NYC Department of Homeless Services (DHS) shelter system. All tenants must be aged 55 and over and earn less than 60% of Area Median Income.

With funding from the NYC DHS, the Woodstock Hotel has a 6-person social services team, which includes a substance abuse specialist. Psychiatric services are provided by the Center for Urban Community Services on a contract basis. In-house medical care is provided by Lutheran Family Services / Mount Sinai Medical Center. There also is a four-person housekeeping staff.

The Woodstock Hotel houses a Senior Center, which in addition to offering meals and an array of programming, operates the Homeless In-Reach Program, which provides homeless seniors with access to

<sup>104</sup>Project Find, <http://www.projectfind.org/>

showers and clean clothes, medical and behavioral health services, and assists them finding housing assistance.

### PARKSIDE SUPPORTIVE HOUSING (HENRY COUNTY, ILLINOIS)<sup>105</sup>

Parkside Supportive Housing provides 10 fully furnished apartments for single, disabled, homeless adults aged 55 and older. The units are in the Parkside Apartments, a four-story building operated by the Henry County Housing Authority. It is located in downtown Kewanee within walking distance of restaurants, banks, shopping, public library, post office, consignment shops, train station, and churches. A comprehensive service package links the individuals to appropriate services addressing mental and physical health, social, financial, and substance abuse issues. Services include:

- Case Management
- Access to Public Benefit Programs
- Life Skills Training
- Advocacy
- Transportation
- Mental Health & Counseling Services
- Alcohol & Drug Abuse Services
- Home Health Services
- Job Preparation & Employment Services
- Referrals
- Follow-up Services

Funding is provided by Illinois Department of Human Services and the Department of Housing and Urban Development.

### WEST SIDE FEDERATION FOR SENIOR AND SUPPORTIVE HOUSING, INC. (NEW YORK, NY)<sup>106</sup>

West Side Federation for Senior and Supportive Housing, Inc. (WSFSSF) is a 501(c)(3) non-profit organization whose mission is to provide safe and affordable housing that supports the dignity of each individual and enhances community both inside and outside its buildings. It was formed in 1976 by a coalition of social service agencies, religious institutions, and community organizations who came together to create a new form of housing – one that would meet the diverse needs of older people and persons living with special needs.

WSFSSH serves independent seniors; frail elderly individuals; older persons living with serious mental illnesses; homeless individuals, especially those who are older; persons living with physically handicapping conditions, chronic medical conditions, and AIDS; grandparents raising their grandchildren; and families.

### SUPPORTIVE HOUSING

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Since 1980 WSFSSH has renovated or built 24 buildings comprising 1,700 units of housing in Manhattan and the Bronx, serving over 1,800 people. The housing falls into three basic categories: independent apartments, single

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<sup>105</sup> The Housing Authority of Henry County Illinois, "Homeless and/or Displaced Support," <http://henrycountyhousing.us/homeless-and-or-displaced-support>

<sup>106</sup> West Side Federation for Senior and Supportive Housing, Inc., <http://www.wsfssh.org/>

room supportive housing, and congregate supportive housing. All WSFSSH housing is developed and run by WSFSSH. The WSFSSH supportive housing model integrates compassionate property management with on-site social services, designed to assist residents to live safely and fully in the community.

## SENIOR CENTER

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The Center at the Red Oak is a full-service center serving older persons in the Manhattan Valley community of the Upper West Side of Manhattan, funded by the New York City Department for the Aging (DFTA). The Center serves breakfast and lunch Monday-Friday (suggested donation \$1.50 for persons 60 years and older, \$3.00 for persons under age 60).

It provides a broad range of activities, including: arts, health and wellness, education and special topic workshops, games and groups, and day trips. It also offers social service assistance, addressing Social Security, Medicare, Medicaid, housing, citizenship and naturalization, food assistance, and ID and other paperwork needs and providing information and referral for health, legal and other services.

During Heat Emergencies, the Center is a New York City Cooling Center, with extended days and hours as determined by the emergency.

## SERVING SENIORS (SAN DIEGO, CA)<sup>107</sup>

Serving Seniors is a San Diego-based nonprofit that is dedicated to providing care and support services for individuals age 60+ who are living in poverty. They provide a comprehensive array of programs, including:

- Meals
- Housing (permanent and transitional)
- Social services, case management and advocacy
- Learning, socialization, arts and crafts, and other workshops
- Healthcare services, psychiatric nurses, legal assistance for Medicaid, Medicare and other insurance, and support groups

## TRANSITIONAL HOUSING PROGRAM

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The Transitional Housing Program for Homeless Seniors, launched in 2002, connects homeless seniors with case managers who provide them with access to housing, meals, health services, and counseling during a 90-day transitional period. Seniors work with their case managers to create individualized plans with goals for achieving stable housing and successful independent living. They are assisted in accessing benefits, establishing a savings plan, undergoing a health assessment, and addressing medical needs. Additionally, participants are provided with temporary housing for the duration of their program participation, helping ensure their success.

This program boasts a 92% success rate and has helped more than 1,000 seniors find stability since its inception.

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<sup>107</sup> Serving Seniors, <http://www.servingseiors.org/>

## AFFORDABLE HOUSING

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Serving Seniors owns 350 units of affordable senior housing, that are in buildings located within walking distance of public transportation, pharmacies, churches, supermarkets, shopping centers and restaurants. They also provide supportive services that remove barriers to independent living, including: nutritious breakfast and lunch; activities and socialization opportunities; mental health and group counseling; access to a registered nurse; and social service case management.

## CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO (CHICAGO, IL)

Catholic Charities of the Archdiocese of Chicago manages 22 subsidized senior housing properties totaling 1,660 units. Its tenant selection plan requires that every tenth vacancy must house a person experiencing homelessness who is age 62 or older.<sup>108</sup> Features at most of the sites include 24-hour front desk monitoring, resident councils, activities, community room with kitchen, libraries, on-site laundry facilities and monthly newsletters.<sup>109</sup> Most of the senior housing properties are financed through the Section 202 program of the U.S. Department of Housing and Urban Development.

For additional information on the 22 subsidized senior housing properties operated by Catholic Charities of the Archdiocese of Chicago, please visit:

[https://www.catholiccharities.net/Portals/0/Programs%20and%20Services/Senior%20Affordable%20Housing/Documents/2018\\_SeniorHousing\\_FS-ALL.pdf?ver=2018-08-30-142006-763](https://www.catholiccharities.net/Portals/0/Programs%20and%20Services/Senior%20Affordable%20Housing/Documents/2018_SeniorHousing_FS-ALL.pdf?ver=2018-08-30-142006-763)

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<sup>108</sup> Gene Mitchell, "Creating Housing for Elders Without Homes," May 16, 2018.

<sup>109</sup> Catholic Charities of the Archdiocese of Chicago, "Permanent Housing," April 17, 2018, page 1, [https://www.catholiccharities.net/Portals/0/Programs%20and%20Services/Senior%20Affordable%20Housing/Documents/2018\\_SeniorHousing\\_FS-ALL.pdf?ver=2018-08-30-142006-763](https://www.catholiccharities.net/Portals/0/Programs%20and%20Services/Senior%20Affordable%20Housing/Documents/2018_SeniorHousing_FS-ALL.pdf?ver=2018-08-30-142006-763)



# California Department of Housing and Community Development

## Notice of Funding Availability Calendar

2019/20 Q1 - 8/1/2019 Update

FY 2019/20

	Qtr 1		Qtr 2			Qtr 3			Qtr 4		
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Funds Available by Quarter (in millions)	\$759 Million		\$516 Million			\$451 Million			\$92 Million		
<b>Ongoing Programs</b> NOFA Amounts in Millions											
AHSC			NOFA \$505				Apps Due				Awards
VHHP				NOFA \$75		Apps Due				Awards	
CDBG*	Awards					NOFA \$30			Apps Due		
HOME*	NOFA \$35		Draft Regulations	Apps Due				Awards		NOFA \$35	
ESG*		Awards					NOFA \$11		Apps Due		Awards
<b>SB2 - Building Jobs and Homes Act (Dedicated Source)</b> NOFA Amounts in Millions											
CESH		Awards									
PLHA		NOFA (entitlement)		Applications Accepted over-the-counter				NOFA (non-entitlement)		Apps Due	
Planning Grants	Applications accepted over -the-counter										
Farmworker	**SB2 Farmworker funding will be released in conjunction with Serna Program NOFA under SB3 - see detail below										
<b>No Place Like Home (Prop 2)</b> NOFA Amounts in Millions											
NPLH Non-Competitive	Applications accepted over-the-counter - Please Note: Non-Competitive Allocation Acceptance forms must be submitted by August 15, 2019.										
NPLH Competitive		NOFA \$400		Apps Due				Awards			
<b>SB3 - Veterans and Affordable Housing Bond Act (Prop 1)</b> NOFA Amounts in Millions											
MHP	Apps Due				Awards	NOFA \$175		Apps Due			Awards
CalHOME		NOFA \$57		Apps Due				Awards			
SERNA ***	NOFA \$69**		Applications Accepted over-the-counter				NOFA \$70 **	Draft Guidelines***	Applications Accepted over-the-counter		
LHTF		Draft Guidelines				NOFA \$57		Apps Due			
IIG ****			NOFA \$280		Apps Due (competitive)		Applications Accepted over-the-counter (non-competitive)				
TOD		Draft Guidelines			NOFA \$75					Apps Due	
*** Serna Draft Guidelines will be released for public comment during an open OTC NOFA period under current regulations. Guidelines will become effective once finalized and will be applicable to future NOFAs only.											
**** Includes \$500 million allocated to IIG through the signage of AB 101 in August 2019											
<b>Other</b> NOFA Amounts in Millions											
CalHOME (Disaster)	Applications Accepted over-the-counter										
HHC	Apps Due				Awards		NOFA \$33			Apps Due	
MPRRP			NOFA \$46			Applications Accepted over-the-counter					

Note: Timelines and Amounts indicated above are subject to change

## Homeless Housing, Assistance and Prevention Program (HHAP)

The Homeless Housing, Assistance, and Prevention Program (HHAP) funding. HHAP program is a \$650 million block grant program designed to provide jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. HHAP grant program is authorized by AB101, which was signed into law by Governor Gavin Newsom on July 31, 2019. This document provides an overview of the HHAP grant program, including timelines with key milestones and program deliverables. <https://www.bcsb.ca.gov/hcfc/>

<b>Program Overview</b>	<ul style="list-style-type: none"> <li>• \$650 million one-time block grant</li> <li>• Provides local jurisdictions with funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges</li> </ul>	
<b>Eligible Applicants</b>	<ul style="list-style-type: none"> <li>• 44 Continuums of Care</li> <li>• 13 Largest Cities, with populations of 300,000 or more (as of January 2019)</li> <li>• 58 Counties</li> </ul>	
<b>Funding Allocations</b>	<ul style="list-style-type: none"> <li>• 190 million – Continuums of Care</li> <li>• 275 million – Large Cities</li> <li>• 175 million – Counties</li> <li>• Allocations are based on each CoCs proportionate share of the state’s total homeless population based on the 2019 homeless point-in time count (PIT).</li> </ul>	
<b>Key Elements</b>	<ul style="list-style-type: none"> <li>• Requires a demonstration of regional coordination</li> <li>• Mandate that at least 8% of the allocation MUST be used to establish or expand programs to meet the needs of youth experiencing homelessness</li> <li>• Does not require a crisis shelter declaration to be a direct recipient of HHAP funds</li> <li>• Eligible uses to be defined in the HHAP program guidance</li> </ul>	
<b>Important Dates</b>	October 2019	Program Guidance Published
	November 2019	Application Map and Instructions released
	November-December 2019	Release of NOFA and Application (dependent upon the release of 2019 point-in-time count by US Housing and Urban Development)
	February 15, 2020	HHAP Applications Due
	April 1, 2020	All HHAP awards to be made
	May 31, 2023	HHAP program funds must be contractually obligated **varies for counties, CoCs, and large cities
	June 30, 2025	HHAP program funds must be fully expended

## Homeless Coordinating and Financing Council (HCFC)

The Homeless Coordinating and Financing Council was created in 2017 to oversee the implementation of “[Housing First](#)” policies, guidelines, and regulations to reduce the prevalence and duration of homelessness in California. The Council's mission is to develop policies, identify resources, benefits, and services to prevent and work toward ending homelessness in California.

The Council consists of up to nineteen members, representing ten state agency heads or their designees, seven members appointed by the Governor representing statewide organizations and homeless advocacy groups, one stakeholder appointed by the Senate Committee on Rules, and one stakeholder appointed by Speaker of the Assembly.

The signing of SB850 on June 27, 2018 by Governor Brown augment SB1380 and made significant changes to the mandates of the council.

- Elevates and moves HCFC to the Business, Consumer Services and Housing Agency (BCSH)
- Provides permanent staff under BCSH to support HCFC.
- Designates the Secretary of BCSH as Chair of HCFC.
- Adds two additional representatives to HCFC (Dept of Transportation and young adult with lived experience who resides in California)
- Establishes the Homeless Emergency Aid Program (HEAP) for purposes of providing localities with one-time flexible block grant funds to address their immediate homelessness challenges

On September 27, 2018, Governor Brown signed SB918, known as the Homeless Youth Act of 2018. This added additional mandates to the Council, including setting specific, measurable goals aimed at preventing and ending homelessness among youth in the state.

And on July 31, 2019, Governor Newsom signed AB101, which established the Homeless Housing, Assistance, and Prevention Program (HHAP) for the purpose of providing localities with one-time block grant funds in the amount of \$650million to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges.

### HCFC PRIORITIES

- Implement HEAP-\$500 million one-time block grant
- Implement Housing First Policy
- Implement SB 918-Homeless Youth Act
- Implement HHAP-\$650 million one-time block grant
- Explore development of a state-level homeless data integration system.
- Facilitate coordination between state departments that have funding and programs to address homelessness.
- Initiative to develop a data-driven, evidence-based, high-level strategic plan for the state.

<https://www.bcsb.ca.gov/hcfc/>



# FOSTER YOUTH TO INDEPENDENCE

## Tenant Protection Vouchers (FYI-TPV)

### NOTICE EXPLANATION

Foster Youth to Independence ([Notice PIH 2019-20](#)) allows for Public Housing Authorities (PHAs) without a current Family Unification Program (FUP) voucher allocation to request Tenant Protection Vouchers (TPV) to serve youth under the age of 25 with a history of child welfare involvement (see specific youth eligibility criteria below), for up to 36 months, with Foster Youth to Independence Tenant Protection Vouchers (FYI-TPV). For more information see the [FYI homepage](#) and [FYI TPV FAQs](#) or send questions to: [FYITPV@hud.gov](mailto:FYITPV@hud.gov).

The initiative aims to help communities across the country:

1. Address gaps in the availability of FUP for youth across the country.
2. Increase housing options for youth with a current or prior history of child welfare involvement that are homeless or at risk of homelessness.
3. Contribute to the federal goal of preventing and ending youth homelessness outlined in [Home Together: The Federal Strategic Plan to Prevent and End Homelessness](#).

#### Public Housing Authority (PHA) Eligibility & Requirements

In order for a PHA to be eligible to request FYI-TPV it must meet all of the following:

- Currently administering the HCV program.
- Does NOT [currently administer FUP vouchers](#) awarded under any fiscal year.
- Partnership with a public child welfare agency (PCWA).
- Accept FUP-eligible youth referral.
- Determine HCV eligibility.
- Update administrative plan.

#### Youth Eligibility

A young person eligible to receive a FYI TPV under the notice must meet **ALL** of the following requirements:

1. Has attained at least 18 years and not more than 24 years of age;
2. Left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act at age 16 or older; and
3. Is homeless or is at risk of becoming homeless.

A young person who meets the above requirements and is pregnant and parenting is also eligible as long as the children they are parenting do not have an open child welfare case.

### REQUIRED PARTNERSHIP AGREEMENT TO ADMINISTER FYI

PHAs requesting FYI-TPV assistance from HUD must enter into a partnership agreement with a public child welfare agency (PCWA). HUD also strongly encourages involvement of the Continuum of Care (CoC), or designated CoC recipient in the partnership agreement. At minimum this agreement must:

1. Be in the form of Memorandum of Understanding (MOU) or letters of intent between the parties;
2. Outline the definition of FYI eligible youth. HUD strongly encourages a prioritization policy for this limited resource;
3. Outline the supportive services provided based on requirements, including which entity will provide the supportive services; and
4. Describe the PHA, PCWA and (if applicable) CoC responsibilities.

## SUPPORTIVE SERVICE REQUIREMENTS

### Requirements for administering supportive services

- PCWA is required to provide or secure supportive services for participating youth
- Services must be provided for a period of 36 months
- Notice describes the required services; additional services may be provided
- Participation in services on behalf of the youth is optional

### Required types of supportive services

- Basic life skills training
- Housing counseling
- Landlord support services
- Employment and training
- Education and career advancement services

## ROLE OF PARTNERS

Public Child Welfare Agency (PCWA) (required partner & responsibilities)	Public Housing Authority (PHA) (required partner & responsibilities)	Continuum of Care (CoC) (strongly encouraged partner & responsibilities)
Identify eligible youth, verify eligible child welfare history. <i>PHA and CoC may also identify potential youth, but the PCWA must verify eligible child welfare history and refer to the PHA once verified.</i>	Accept referrals from PCWA.	Assist in identifying youth with a child welfare history and housing need, and connecting the youth to the PCWA for verification and referral to FYI-TPV.
Develop a system of prioritization for referral to the PHA based on the youth's level of need and the appropriateness of the intervention.	Verify eligibility for HCV.	Work with the PCWA and PHA to match eligible youth to services.
Provide a written certification to the PHA verifying eligible child welfare history.	Request FYI-TPV from HUD.	
Provide or secure 36 months of supportive services.	Update administrative plan. Administer FYI-TPV for eligible youth for up to 36 months. *	

\*FYI-TPVs are time-limited to 36 months and sunset when a youth transitions off the voucher. This means the PHA cannot reissue the FYI-TPV assistance. A single PHA may request a maximum of 25 FYI-TPVs in a fiscal year.

## PROCESS FOR REQUESTING FYI-TPV FROM HUD

1. Before requesting FYI-TPV from HUD, a local public housing authority and a local public child welfare agency must enter into a partnership agreement as described on the bottom of the previous page.\*
2. Once the agreement is in place, the public child welfare agency must send a referral to the PHA that includes the young person's name and a written certification of their eligible child welfare history.
3. The public housing authority must verify the youth's eligibility for an HCV.
4. The PHA must send a request to HUD via email to [FYITPV@hud.gov](mailto:FYITPV@hud.gov). The request must list individual name(s) of eligible youth; more than one name can be listed in a single request. For a full explanation of the email request see section 15 of Notice PHA 2019-20.
5. Upon receipt of the email request from the PHA, HUD will conduct an eligibility determination.
6. Eligible applications will result in issuance of amended Annual Contributions Contract (ACC) to the PHA to administer the TPV(s).

\*Note the timeline for young people in your community to begin receiving assistance through FYI is largely dependent on (1) the time it takes to secure the required supportive services and (2) the time it takes to enter into a partnership agreement between the PHA and PCWA.



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## Save the Date: Permanent Housing Conferences – Fall 2019

July 17, 2019

Print

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The U.S. Department of Veterans Affairs (VA), with the support of HUD, the U.S. Interagency Council on Homelessness (USICH), and other national partners, is pleased to announce three Federal Permanent Housing Conferences for Fall 2019. The conferences are intended for Continuums of Care (CoCs), Emergency Solutions Grants (ESG) recipients and subrecipients, and CoC recipients. Each event will be identical in content, and the events are targeted at Supportive Services for Veteran Families (SSVF) Grantees, the HUD-Veterans Affairs Supportive Housing (HUD-VASH) representatives, and CoC Partners.

These events, which will be different in format and content from the 2017 and 2018 Rapid Rehousing Institutes, will bring together housing practitioners and planners from around the country for an intensive, 1.5-day long training and conference event focused on various topics and solutions to end homelessness in the current affordable housing crisis. A preliminary agenda will be released later in the summer.

Due to space limitations, there will be a limit to the number of individual attendees per CoC. HUD will provide more information on the number of CoC-funded staff that can attend from each CoC as the locations and space limitations are finalized. Once registration opens, act fast to ensure your CoC will be represented. SSVF Grantees do **not** contribute toward your overall CoC cap; the VA will communicate with SSVF grantees about the number of participants they can send to each event.

While the site locations are still being confirmed, we anticipate the following schedule:

- East Coast (Charlotte, NC): October 22-23, 2019
- Mid-Region (Dallas, TX): November 5-6, 2019
- West Coast (San Diego, CA): November 19-20, 2019

We will continue to provide information as registration and travel logistics become available. In the meantime, questions related to these events can be sent to the SSVF program's technical assistance email address at [ssvf@tacinc.org](mailto:ssvf@tacinc.org) (<mailto:ssvf@tacinc.org>).

This event is being sponsored by the VA, with support from HUD, USICH, and the primary SSVF TA partners: The Technical Assistance Collaborative (TAC) and Abt Associates.

Tags: [CoC](#) [ESG](#)

# YHDP Governance Structure

Developing a governance structure, including an organizational chart and decision making process

## Federal Guidance

### HUD Ending Youth Homelessness Guidebook Series: System Planning

Community partners must establish a strong decision-making and management structure to adopt the shared vision and implement an organized housing and service array and mainstream system that prevents and ends youth homelessness. This section of the Guidebook discusses how to define the management structure, how to include youth, and how to select a lead organization.

#### A. Decision-making Structure

In your community, a number of partners may already be targeting some or all of their individual resources towards ending youth homelessness. The process of defining a formalized, strong, clear and collaborative decision-making structure should bring together all partners, as well as youth voices.

Community partners need to:

- Analyze the CoC governance structure and the current level of CoC involvement of youth and the community partners you have identified
- Refine the CoC governance structure or plan a new separate structure
- If a new structure is created, revise the CoC's governance charter to include explicit connections to the new structure
- Fundamentally, the CoC should determine how decisions will be made for the youth system.

#### B. Youth Action Board

Involving youth in all aspects of homelessness system planning ensures that the design of the system is informed by their lived experiences and demonstrates that the community values the expressed needs, self-awareness, community knowledge, and unique ideas of youth. Creating a youth advisory board (whose leadership and membership are only youth) is one important way in which a community can leverage youth input in a meaningful and ongoing way. Further, participation in a youth advisory board will empower youth, provide opportunities for positive youth development, youth choice, confidence-building, and leadership.

### **C. Lead Organization**

The community will need to assign responsibilities to a strong organization to coordinate planning and keep partners organized and focused on setting the vision and designing a cohesive system for youth. This lead organization could be any partner who is willing and able to take the role of the manager and organizer.

To serve as the lead youth homeless system organizer, the organization should have the following attributes:

- Be a neutral partner with the credibility and relationships to bring together and coordinate key partners
- Have a formal relationship with the youth homeless system decision-making structure and the CoC's governing structure
- Have the capacity to effectively staff the youth system development process, either directly or by engaging other organizations with appropriate qualifications
- Be able to identify and engage youth in all aspects of planning the youth homeless system
- Have the capacity to apply for and manage grants, such as RHY Youth Program grants and the Youth Homelessness Demonstration Program (YHDP)

The lead organization might also need the capacity to:

- Contract with and monitor grant sub-recipients
- Execute necessary data sharing agreements, and synthesize and regularly share administrative data on youth
- Facilitate or coordinate meetings, negotiations, or trainings
- Manage communication among partners
- Define program standards and performance measures and monitor programs for fidelity to them
- Manage the coordinated entry process for youth
- Manage youth-specific activities planned as part of the CoC's annual Point-in-Time youth count, and conduct additional counts and assessments, as needed

### **D. Continuous Quality Improvement**

HUD recommends using data to drive decisions and continually enhance the performance of projects and the whole system. Equipped with more robust data, the community can improve:

- Understanding of system performance
- Capacity to assess the effectiveness of existing models

- Identification of strategies to improve the community’s response to youth homelessness
- Coordinated entry processes
- Program-level service delivery
- Allocation of resources, or other system components
- Prioritization of unmet needs
- Intentionally timed system improvements.

Partners should also consider data-driven strategies to inform the broader public about the impact of youth homelessness and how communication efforts can increase community support and political will to prevent and end youth homelessness. Partners could specify the types of reports they want to create to share progress on goals to the public.

### E. Community Benchmarks to Measure Progress

Based on its adopted vision and system design, the community should establish benchmarks to measure progress. Each goal should have an explicit means of measuring progress, and the community should establish a regular process to review results and assess whether system changes are needed to improve performance.

Illustrative Community Goals	Sample Corresponding Benchmarks
<b>Our community has identified all youth experiencing homelessness.</b>	Counts of unsheltered youth homelessness; confirmation of a comprehensive outreach system that can identify youth in sheltered, unsheltered, and doubled-up/couch-surfing situations
<b>Our community can provide safe and appropriate shelter to any youth experiencing unsheltered homelessness who wants it.</b>	Length of time between the point a young person is identified as unsheltered and the point at which the youth moves into shelter, as well as corresponding information on system capacity at the time
<b>Our community will help youth return home to their given or chosen families, as desired.</b>	Proportion of youth who identify family reunification goals and achieve them
<b>Our community is able to quickly move a youth experiencing</b>	Length of time youth are homeless before being placed into permanent housing

<p><b>homelessness into permanent housing.</b></p>	
<p><b>Our community will support youth to achieve educational and employment goals that will help them achieve long-term stability.</b></p>	<p>Proportion of youth who engaged in mainstream education and employment services</p>