

Serving Aging Veterans Experiencing Homelessness

Current Climate and Emerging Trends

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Introduction



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Agenda

- Introduction
- Objectives
- Current Climate: Statistics & Pathways to Aged
 Homelessness
- Emerging Trends in Serving Aging Individuals, including
 Veterans Experiencing Aged Homelessness
- Q&A



Objectives

- Learn about current national data and projected upward trends related aged homelessness.
- Understand common pathways to aged homelessness.
- Learn about emerging trends in addressing aged homelessness nationally, including Veteran-specific efforts.



Current Climate

Statistics and Pathways to Aged Homelessness



Current Statistics – Aged Homelessness

- According to the <u>2019-2020 Annual Homeless Assessment Report to</u> <u>Congress (AHAR)</u> nearly a quarter of a million people 55 and older were estimated by the government to have been homeless in the US during at least part of 2019.
- The latest <u>AHAR Part 2</u>, shows the number of people experiencing sheltered homelessness who were 55 and older was 18%, up from 16.5% in 2019.
- Source: https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-2.pdf



Current Statistics – Veteran Homelessness

On a Single Night in 2022:

(huduser.gov)

- 33,129 Veterans were experiencing homelessness in the U.S. (approx. 7% of all adults experiencing homelessness).
- Nearly all Veterans were experiencing homelessness as individuals, 98 percent.
- Of those individuals, 28 percent (9,396 veterans) had chronic patterns of homelessness.
- Source: The 2022 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness, December 2022



Current Statistics – Aging Veterans

- Nearly half of all Veterans enrolled in Veterans Health Administration (VHA) programs are aged 65 years or older.
- By 2035, the number of VHA users aged 85 years or older is projected to increase by 66%.
- Source: VA homeless programs evolving to support aging Veterans VA
 News



Aging Accelerated

A recent study from the Center for Vulnerable Populations, UCSF, shows that:

- 44% of people in the survey group first experienced homelessness when they were 50 or older.
- More than half (56%) reported their health as fair or poor, and the prevalence of geriatric conditions were higher among the study group with a median age of 57 than they are among the general population in their 70s and 80s.
- The researchers concluded that 50 is the new 75 for this population.
- Source: http://ohioaging.org/wp-content/uploads/KUSHEL-CLOSING.pdf



Aging Accelerated – Weathering

Studies have suggested that prolonged exposure to economically adverse conditions such as extreme poverty and homelessness intersect with racial marginalization to age individuals faster when compared to individuals who have not experienced extreme poverty or racial marginalization.

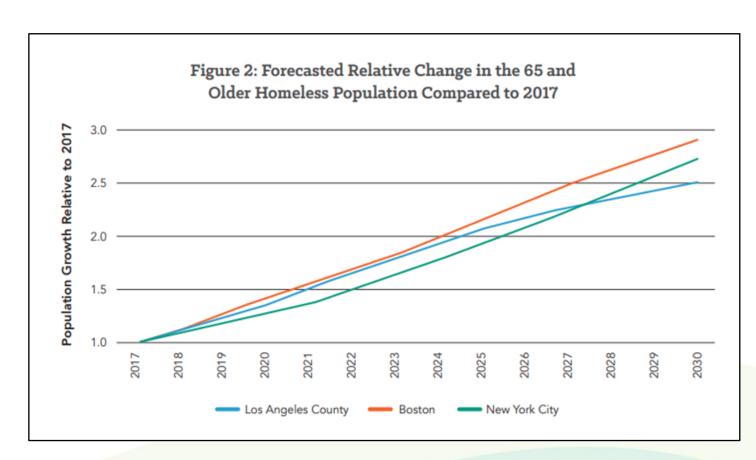
Sources:

- The weathering hypothesis as an explanation for racial disparities in health: a systematic review - PubMed (nih.gov)
- <u>'Weathering': The health effects of stress and discrimination</u>
 <u>(medicalnewstoday.com)</u>



Future Projections

- Research shows the population of seniors 65+ experiencing homelessness will double or even triple 2017 levels in some places before peaking around 2030.
- Source: Dennis Culhane,
 Professor and Social Science
 Researcher at the University
 of Pennsylvania,
 https://works.bepress.com/de
 nnis culhane/223/



Emerging-Crisis-of-Aged-Homelessness-1.pdf (upenn.edu)



Pathways to Aged Homelessness



Individuals experiencing chronic homelessness aging on the street.



Death of spouse or parent = Income and/or housing decreased or lost.



Living on low-income with lack of affordable housing options and rising rental costs.



Pathways to Aged Homelessness



Skilled care facilities not equipped to address the complex needs of individuals experiencing homelessness.



"Pinball" effect between nursing and other medical facilities and the community.



Lack of discharge planning/lack of resources upon discharge.



Expanding and Enhancing Housing Options and Supportive Services



Respite/Recuperative Care

- Approximately 150 facilities currently operating.
- Some providing palliative and hospice care due to lack of alternatives.
- Many funded by local hospitals or healthcare districts.
- VA Health Care for Homeless Veterans is currently piloting respite programs at 15 sites.

Senior-Focused Shelters

- On-site wrap around services (medical, behavioral health, housing navigation, benefits assistance).
- Example: Seniors Landing Bridge Shelter in San Diego, CA.



Shelter Transformations

- Improved and integrated services for the aged community.
- Specialized housing navigation.
- Health services navigation.
- Use of By-Name List to track measures and progress.
- Some general shelter requirements, i.e. lottery system, may be waived.
- Older residents may be grouped together for service providers to more easily engage.
- May include enhanced staffing: Operators are hiring staff with backgrounds in long-term care to help with supporting residents daily needs while living in non-congregate shelter.



- Medicaid Funded Assisted Living Facility specific to individuals experiencing homelessness.
 - Example: CalOptima Health funded facility in Orange County, CA;
 119 bed facility.
 - CalOptima also has Clinical Field Team Pilot Programs, a Homeless Response Team, and is developing a Regional Mental Health and Wellness Campus.



- Utilization of Housing and Urban Development Veterans Affairs Supportive Housing Vouchers (HUD-VASH) in special housing types:
 - Per 24 CFR part 982, Subpart M, Public Housing Authorities must permit HUD-VASH clients to use specific special housing types for tenant-based HUD-VASH assistance, regardless of whether these types are permitted in their administrative plan: Single Room Occupancy, Congregate Housing, Group Home, Shared Housing and Cooperative Housing.
 - Vouchers may be used in Medical Foster Home, Assisted Living Facilities, State Licensed Group Homes, Community Residential Care Homes.
 - The voucher may only cover the rental portion of the facility cost, care and amenities must be covered by other sources (private pay, leveraging additional benefits such as Medicaid or VA Aid and Attendance).



- Utilization of SSVF Shallow Subsidy
 - Valuable service for older Veterans getting priced out of markets offering recurring rental assistance at a fixed rate for a longer period in comparison to Rapid Rehousing.
 - SSVF enrolled Veterans have access to:
 - Health Care Navigators to assist in connecting to and maintaining connections to health care supports.
 - SOAR Specialists to help with Social Security benefits navigation.



Promotion of Cross-Sector Partnerships

- Creating awareness of and partnerships amongst Veteran-specific and general community providers to broaden Veterans' choices and increase access to supportive services.
- Leveraging resources to create high-quality service plans that will promote a safe and supported tenancy.
- Example: Veteran is housed through SSVF Rapid Re-Housing, bridged to HUD-VASH (permanent housing), in a local Assisted Living Facility and receives in-home care through the Program of All-Inclusive Care for the Elderly (PACE) (most participants are dually eligible for Medicare & Medicaid).



- Increased Focus on Income & Benefit Maximization
 - Increased access to SOAR Specialists and Veterans Benefits Administration
 Specialists, including access through outreach services.
 - Expanding staff awareness that, in some cases, Veterans can receive VBA and SSA concurrently so that all Veterans are assessed for the full breadth of possible benefits.
 - Increased income can increase access to care and services for Veterans, qualifying them for additional healthcare coverage through programs such as Medicaid and Medicare, as well as additional eligibilities related to service-connection.
 - Example: Veterans 70% service-connected and above can qualify for fully funded
 VA Nursing Home Contracts or Medical Foster Home Care funding.



Key Takeaways

- The homeless response system is often not prepared to meet the complex physical health, social, and psychological needs of older adults.
- Researchers, as well as service providers and community-based organizations, acknowledge the need to modify or develop programs, services, and supports that consider the specific needs of the aged homeless population.



Key Takeaways

- Key efforts to address homelessness for older adults include building and maintaining partnerships among the various sectors who engage with older adults, such as community-based organizations, and those focused on aging, homelessness, healthcare, mental health, and housing.
- Solutions will demand leveraging of public funding and service integration to scale up solutions that meet the needs of this population.
- Adapted from: https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/older-adults/









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