Fall 2016

LeadingAge California
engage™

Conversations on The Rise of Elderly Homelessness:

Meeting the Needs of a Vulnerable Population

LeadingAge California

inspire...serve...advocate

Founded in 1961, LeadingAge California is the state's leading advocate for quality, not-for-profit senior living and care. The association's advocacy, educational programs and public relations help its members best serve the needs of more than 100,000 of the state's older adults. LeadingAge California represents more than 600 nonprofit providers of senior living and care – including affordable housing, continuing care retirement communities, assisted living, skilled-nursing, and home and community- based care.

Mission

It is the mission of LeadingAge California to advance housing and services for older adults and to support and inspire its members through advocacy, education, research and services enabling them to meet changing needs of their clients and communities.

Vision

LeadingAge California is a catalyst for members to advocate, enrich and advance aging services.

Shared Values

The values shared by LeadingAge California members include:

- Long term commitment to the security of older adults
- Mission driven
- Mutual support and assistance among members
- Respect of all peoples
- Commitment to socioeconomic and multicultural diversity
- Advocate for not-for-profit status
- Consumer focused
- Dignity and quality of life for older adults
- Community-based

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1315 I Street, Suite 100
Sacramento, CA 95814

ISSN 2159-3515 (online)

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Editorial and Design Staff

A Note From The Editor

Deepening the Mission: Exploring Homelessness and Housing

As the state's leading advocate for affordable senior housing, LeadingAge California members play a critical role in addressing homelessness among older adults. On the front lines, our housing members know the critical role "housing first" plays to ensure the health and well-being of seniors. In this issue of *Engage*, the editorial staff has assembled thought leaders from a variety of disciplines to explore the causes of homelessness among the senior population and potential solutions that are currently underway to meet the vast and growing need.

The Corporation for Supportive Housing provides an in-depth look at efforts to marry healthcare with housing in order to help further the supportive housing model. Also in this issue, the *Engage* staff was happy to interview current Senate Pro Tem Kevin de León on his "No Place Like Home" initiative, which has the potential to bring $2 million in bond revenue to house chronically homeless and mentally ill Californians. Dr. Margot Kushel, Professor of Medicine at UCSF provides her insight on the causes and solutions of chronic homelessness. We also interview Sister Libby Fernandez, executive director of Loaves and Fishes in Sacramento and gain insights from service organizations that work to provide temporary shelter and meals for homeless seniors.

In this issue's Legal Corner, our own Meghan Rose, Esq. pens an article on the new requirements for containing and managing bed bugs after the passage of AB 551. Our regulatory guru, Brenda Klütz writes about the new CMS requirements related to behavioral health.

On a somber note, the LeadingAge California family was saddened to learn of the passing of Travis Hanna, a longtime leader in the affordable housing world. Travis was vice president of housing operations at Beacon Communities. He was a frequent presenter at LeadingAge conferences and served on the association's housing committee. Travis' warmth, intellect and enthusiasm for this work will be greatly missed.

As always, we welcome your praise or critique. Please send your thoughts to me at edowdy@leadingageca.org. Our next issue, Winter 2017, will discuss addressing the middle-class crunch on adequately financing long-term services and supports. We hope you enjoy this issue!

Eric Dowdy
Editor-in-Chief
edowdy@leadingageca.org

Inside

Feature

Conversations on The Rise of Elderly Homelessness

What is often referred to as the "invisible population," (homeless and formerly homeless elders age 50 and older), can no longer be overshadowed or overlooked. The population has grown significantly - nearly half all single homeless adults are over age 50. The median age of homelessness has risen steadily and the trend shows no signs of reversing. Projections indicate that the number of vulnerable elders will in fact double by 2050.

Sections

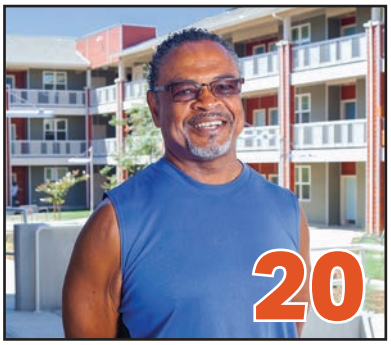
From the CEO Quarterly topic from Jeannee Parker Martin: Mental Health and Homelessness

Have you Heard? Members in their Community; Members in the News; Anniversaries & Milestones

Member Spotlight Currently in its 6th installment, EMERGE is LeadingAge California's leadership development program.

Dear Brenda Advice column with questions on compliance or care issues from the expert.

Legal Corner Meghan Rose, director of policy – housing and HCBS for LeadingAge California discusses new bed bug requirements for landlords.



People in Focus Resident George Thomas shares his story about how he came to live at Mather Veteran's Village.

From The CEO

Mental Health and Homelessness

On the heels of attending LeadingAge's annual conference in Indianapolis, our commitment to our mission is buoyed – **to enhance housing and services for older adults**. Angela Duckworth, author of *Grit*, underscored passion, perseverance and stamina. Governance panels framed generative discussions invoking Wayne Gretsky's famous quote, *"skate to where the puck is going to be, not to where it has been."* Sanjay Gupta wove stories of longevity and the ability to improve brain health through gaming exercises. And, Bethany Center Senior Housing's Executive Director Jerry Brown, on receiving the Award of Honor, spoke of diversity and inclusion, humbly reminding us to "dream big and work hard."

"LeadingAge California is committed to 'housing-first' solutions for the growing numbers of low and middle income individuals in our state. And, together, will work tirelessly with you to find solutions."

The speakers, education and networking were unparalleled – filled with insights, tools and resources to stimulate improvements back here at home in California, including mental health and homelessness.

My understanding of mental health and homelessness has been shaped by many factors; none more poignant than that of my brother. With significant mental and behavioral limitations since childhood, he was diagnosed in middle age with schizophrenia. Now, at 66, he has multiple chronic physical conditions, lives in low-cost housing, and relies on a *simple*, yet *complex* system of care coordination. Simple because he is assigned a community-based mental health case worker who drives him to his appointments, the grocery store, and at times to a park for a walk, and because he receives supportive care and housing in a state that believes in 'housing-first' and behavioral health. Complex because most states, including California, have not found similar, scalable solutions.

This is not a singular or extraordinary example. Myriad studies prove that **housing + services** works, saves money, and improves overall mental and physical health. Complex by its simplicity.

LeadingAge California is committed to 'housing-first' solutions for the growing numbers of low and middle income individuals in our state. And, together, will work tirelessly with you to find solutions.

Have you Heard?

Episcopal Communities and Services welcomed Rick Strolic as their new CFO.

Eskaton president and CEO Todd Murch celebrated 35 years with the organization in August.

The Institute on Aging's Friendship Line was mentioned in a *New York Times* article, titled "Researchers Confront an Epidemic of Loneliness."

Christian Church Homes (CCH) was awarded funds for a major San Francisco affordable housing project with Northern California Presbyterian Homes and Services (NCPHS).

Dr. Marcy Adelman was honored by the San Francisco Commission on the Status of Women for her groundbreaking research and work in support of LGBT seniors.

Casa de Manana Retirement Community was named the 2016 Gold Medal Winner for Best Senior Living Community by the *La Jolla Village News.*

On Lok Lifeways redesigned their website into three new websites: onloklifeways.org and also 30thStreetSeniorCenter.org and the updated OnLok.org site.

Retirement Housing Foundation (RHF) celebrated the grand opening of Paloma Terrace in Los Angeles, a 59-unit community for low-income families.

O'Connor Woods resident Dr. Joe Serra was interviewed in October by ABC10 about his volunteer work with children.

The first LGBT Dementia Care Network is being launched in San Francisco by the Alzheimer's Association in partnership with Openhouse and Family Caregivers Alliance. The goal is to increase access to dementia-capable care for LGBT seniors and adults with disabilities.

Front Porch CFO Mary Miller retired from the organization in November.

Congratulations Jerry Brown

Recipient of the 2016 Award of Honor, presented at the LeadingAge Annual Meeting and Expo, October 30-November 2 in Indianapolis.

For almost 30 years, Brown has championed affordable, service-rich housing; diversity and inclusion; and management excellence.

As a coach for both the LeadingAge Larry Minnix Leadership Academy and LeadingAge California's EMERGE program, Jerry has played an integral role in the development of the next generation of aging-services leaders.

Conversations on The Rise of Elderly Homelessness:

Meeting the Needs of a Vulnerable Population

What is often referred to as the "invisible population," (homeless and formerly homeless elders[1] age 50 and older), can no longer be overshadowed or overlooked. The population has grown significantly – nearly half all single homeless adults are over age 50. The median age of homelessness has risen steadily[2] and the trend shows no signs of reversing. Projections indicate that the number of vulnerable elders will in fact double by 2050[3]. Many people living on the streets are aging and those who have experienced chronic homelessness have been prioritized for housing over the past decade. Nonetheless, elders currently in housing are at greater risk of homelessness than ever before.[4]

Ending Homelessness; Healing Older Adults

By Corporation for Supportive Housing

The homeless and formerly homeless have a unique set of medical, mental and behavioral health needs that distinguishes them from both the homeless and the general elderly populations. Aging adults who have been homeless experience chronic illnesses and geriatric conditions 15 to 20 years earlier than the general population and are more vulnerable when living unsheltered, subject to isolation, rapidly deteriorating health and premature mortality.[5] The average life expectancy for an elder who has experienced homelessness is 63 years versus 80 years for those who have not.

Supportive housing (affordable rental housing with access to person-centered services), a proven intervention for meeting the unique and complex needs of formerly homeless individuals, is experiencing a "graying" tenant population that calls for changes to the way that this model is delivered.

More elderly tenants now than ever before are living in supportive housing developments. About 40 percent of tenants are now over age 50 – tenants housed years ago have aged in place, and newly housed tenants come from a homeless population that has aged. It is no surprise given this changing tide that affordable and supportive housing developers and service programs across the nation are responding by designing and developing more projects and programs that specifically target aging and elderly adults.[6] Supportive housing providers are finding that they must view quality housing through an aging lens and deliver solutions that meet these unique needs, including mental and behavioral health services.

Homeless individuals of any age are more likely to experience co-occurring mental health and/or substance abuse issues than the general population.[7] Moreover, chronically homeless individuals experience much higher rates of mental health and substance use issues.[8] Homeless and formerly homeless elders are also more likely to have cognitive impairments than their younger counterparts. As this population has long histories with mental illness and co-occurring disorders, these individuals have behavioral health needs that can require specialized care and ongoing or long-term treatment.

In addition, mental health symptoms and substance use disorders can aggravate other medical conditions and lead to an earlier functional decline. Formerly homeless tenants in supportive housing may have histories of substance use or might currently be experiencing substance use challenges. Substances can interact with an individual's prescribed medications causing additional health challenges.[9]

Supportive housing that serves vulnerable elders with co-occurring health and substance use challenges requires high-quality behavioral health treatment to ensure long-term housing stability. One of the hallmarks of supportive housing is that it successfully houses people facing complex challenges and keeps them housed – the "quality" in "high-quality" is most important.

The current best practice for ensuring impactful treatment is establishing or coordinating integrated care teams that serve tenants with co-occurring medical and behavioral health challenges.

Many service providers in supportive housing enter into written agreements with mental health care service providers recognizing the need to make effective referrals in times of mental health crisis. If a tenant whose symptoms are out of control is engaged in mental health services, then the goal is to coordinate treatment with the entire team so everyone is aware of behaviors, living conditions, and interventions.

Along these lines, Healthy IDEAS is an evidence-based program managed by Care for Elders and Baylor College of Medicine, and is designed to detect and treat the symptoms of depression in seniors with chronic health conditions and/or mobility issues. The program integrates depression awareness and management into existing case management services provided to older adults. The model has been replicated by organizations in 22 states across the nation.

The main components of Healthy IDEAS are:

1. Screening and Assessment of Depressive Symptoms
2. Education about Depression and Self-Care for Clients and Caregivers
3. Referrals and Coordination with Mental and Physical Health Services
4) Empowering older adults to manage their depression through involvement in meaningful activities.

[1] *Note: due to the unique characteristics of aging adults who have experienced homelessness, we are defining vulnerable elders as individuals who are age 50 and older, who have experienced homelessness. This population experiences premature geriatric conditions and complex health and mobility issues that are more reflective of people who are 65 and older.*

[2] 2013 Annual Homeless Assessment Report to Congress

[3] Home to Stay: Quality Supportive Housing for Aging Tenants

[4] Goldberg, J., Lang, K., and Barrington, V. Justice in Aging, Special Report (2016). *How to Prevent and End Homelessness Among Older Adults.*

[5] The average life expectancy of single homeless adults is 64 for males and 69 for females.

Developing appropriate service plans for vulnerable elders is often complicated by the interplay of chronic physical illnesses, mental illnesses, and addictions with the normal physical and psychological changes that come with age. Individualized health treatment plans are taking this into account and working to coordinate services, and to offer them simultaneously and in one location when possible. Care coordination and continuity of care are particularly important for vulnerable elders, as they often have health problems that are treated by several clinicians in different locations. The level of care coordination needed for each resident in supportive housing will depend on their complexity of needs. Coordinating care is already a component of the health system, though it is often not proactive and comprehensive enough to meet the complex care needs of vulnerable individuals.[10] 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.[11]

Making use of multidisciplinary service teams that can provide

[6] *Supportive and affordable housing pipelines in NY, MA, OH, CA (just to name a few) show many new senior housing projects in development.*
[7] According to the Substance Abuse and Mental Health Services Administration, 20-25% of the homeless population experiences severe mental illness. This is compared to 6% of the general population
[8] 30% of chronically homeless individuals have mental health conditions and 50% have substance use issues.
[9] SAMHSA: Integrated Care Models

Senate Pro Tem Kevin de León on "No Place Like Home"

What is the "No Place Like Home" initiative?

How we respond to homelessness not only speaks to the quality of life in our communities but how we as a society treat those less fortunate than ourselves.

Earlier this year, the State Senate took initiative in tackling the crisis of homelessness across the state by proposing a first-of-its kind plan to assist local communities in preventing and addressing the problem.

Republicans and Democrats alike recognize that finding permanent supportive housing for the chronically homeless suffering from mental illness will improve the quality of life in our communities and give hope to thousands of Californians currently living in despair across our state.

The No Place Like Home (NPLH) program provides $2 billion for supportive housing across the state for homeless individuals with mental illness. The program redirects bond money from Proposition 63, the Mental Health Services Act, and creatively leverages billions of additional dollars from other local, state, and federal agencies.

NPLH funding is expected to create thousands of homes for the chronically homeless, often the hardest population for service providers to reach and the costliest in terms of public resources like health care, public safety, and other related costs. Annual costs for these services for just one individual on the streets can often exceed $100,000. The NPLH program requires the state Department of Housing and Community Development (HDC) to award $2 billion to counties to finance capital costs for the acquisition, design, rehabilitation, preservation construction of permanent supportive housing for the target population.

Counties receiving funds must commit to provide mental health services and coordinate the delivery of other services such as substance abuse treatment.

Can you explain what a "housing first" strategy is?

Supportive housing is a proven method to address homelessness that provides more than a roof. Where implemented in other states, the supportive housing model has succeeded. Those on the forefront of combating homeless agree that creating a safe and secure home where the individual is less threatened by the dangers of the street, services like mental health and substance abuse treatment can be bundled and have a greater chance of taking hold.

The key to a home can do more than open a door. It can unlock restored health and a brighter future for thousands of Californians living in deplorable, desperate conditions.

What has the feedback been like from your district?

California has more than one third of the nation's chronically homeless and an even higher percentage among homeless women and veterans.

In Los Angeles, the numbers are stunning. There are 47,000 homeless people in Los Angeles County. Of those, 28,000 reside in the city of Los Angeles.

Recognizing Los Angeles is the epicenter of the homeless crisis in the

"one stop" access, and facilitate coordination, has been found to be a successful approach. Providers have also found that offering services on site is ideal for older tenants who might have difficulty traveling to off-site services. So far, lessons learned from evidence-based models of care coordination for all vulnerable populations include: access to timely data on care delivery for members of an interdisciplinary team, a focus on smooth transitions between care settings, mental and psychosocial health must be incorporated into the team's efforts.[12] For vulnerable elders, effective care coordination includes comprehensive geriatric assessments and transitional care coordinated as a team effort by physicians, nurses and the housing and social services staff.[13]

As the plight of vulnerable older Americans becomes increasingly visible, it is time to devote attention to solutions and lessons being learned through supportive housing, which is meeting the unique housing, health and social support needs of this population.

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[10] Challenges in coordinating care: https://pcmh.ahrq.gov/page/coordinating-care-adults-complex-care-needs-patient-centered-medical-home-challenges-and
[11] *Ibid*
[12] Eldercare Workforce Alliance: Care Coordination and Older Adults
[13] CHAMP: Care Coordination, Management and Transitions

state and nation, Los Angeles County can anticipate receiving a large percentage of the NPLH program money – upwards of $750 million.

Homeless advocates and social service providers in Los Angeles are excited about NPLH and its creative approach to assisting communities in reducing and preventing homelessness.

With the passage of Proposition HHH, Angelinos have the opportunity to stretch NPLH dollars even further. HHH is a $1.2 billion general obligation bond proposal designed to end and prevent chronic homelessness in Los Angeles through the construction of supportive and affordable housing. HHH will create 8,000-10,000 units over 10 years, meeting the number of units necessary to house the chronically homeless in Los Angeles.

How will this affect homeless seniors?

Perhaps there is nothing more tragic than the sight of a homeless senior citizen struggling to survive the dangers of street life. And their numbers are growing.

According to Margot Kushel, professor of medicine at University of California, San Francisco, the percentage of the adult homeless population over 50 stood at 11 percent in the early 1990s. In 2003, it was 37 percent. Today, half of the country's homeless are over 50.

Older homeless adults die at a rate four to five times what would be expected in the general population. They die from the same causes as other people but they do so 20 to 30 years earlier. Many suffer from mental illness.

With the older homeless population, health care providers find it more difficult to manage chronic diseases, like diabetes, heart and lung disease.

Housing funded by NPLH will help counties and cities relieve the plight of the chronically homeless senior suffering from mental illness and other disabilities with permanent shelter and bundled services.

What can senior housing providers do to help?

Senior housing providers who want to help on NPLH should contact their individual counties – the mental health departments or CAOs – and offer to help develop a project or projects. The projects could be conversion of an existing facility, such as an apartment building or a hotel, or a new construction project. However, the projects would have incorporate mental health services to the clientele as delineated in the NPLH program, which the county would ultimately be responsible for. They could even target seniors so long as the seniors meet the criteria of being chronically homeless with mental illness.

What are the next steps?

Currently, the state is seeking judicial validation that Proposition 63 revenue can be redirected for the construction or rehabilitation of housing for the chronically homeless suffering from mental illness without ballot approval. Legislation creating the NPLH program was approved this year by a two-thirds vote of the Legislature. The state is seeking judicial approval in an abundance of caution to ensure NPLH is in furtherance of the goals established by Proposition 63 when it was approved by voters in 2004. Once judicial review is completed, the hope is that NPLH funding can begin flowing to counties by late 2017 or early 2018.

Conversations on The Rise of Elderly Homelessness

Meeting the Needs of a Vulnerable Population

Homelessness in Older Adults: Causes and Solutions

Margot Kushel, MD

Individuals born in the second half of the "baby boom" (1955-1964) have had an elevated risk of homelessness throughout their lives. As this birth cohort has aged, so has the age of adults experiencing homelessness. The median age of homeless single adults is approximately 50. Our research has found that despite a median age of 57, homeless older adults have health conditions and functional status similar to, or worse, than, adults in the general community who are in their 70s and 80s. Despite their relatively young age, many developed "geriatric conditions" such as cognitive impairments, difficulty walking, and falls. In addition to these conditions, older homeless adults report high levels of suffering – physical symptoms, including pain, fatigue, and shortness of breath; psychological symptoms such as depressed mood and anxiety; and social and existential symptoms such as loneliness, life regret and worry about dying. Homelessness exacts a terrible toll on all who experience it. But, for older adults, who are more likely to have multiple medical conditions, cognitive impairments, and frailty – the toll is immeasurable.

The causes of homelessness in older life vary, as do the solutions. The common thread for all is lack of access to affordable housing. A third of all American households aged 50 to 64 pay over 30 percent of their household income on housing. This causes them to not be able to save money in case of crises, and places them at risk of homelessness.

In our studies of older homeless adults, we found that 44 percent of homeless adults aged 50 and older reported never having been homeless prior to age 50. For the most part, these men and women had long work histories, but they had worked in jobs (often several at a time) that paid too little to provide a cushion during difficult times. Most could identify an adverse life event, such as the death of a spouse or parent, loss of a job, or an illness, that precipitated their homelessness. They reported depleted social networks and feelings of shame and hopelessness that interfered with their ability to reach out for help. Once homeless, they experienced worsening physical and mental health problems, which further limited their ability to regain housing. For these individuals, our focus should be on prevention. Expanding access to affordable housing would reduce vulnerability to homelessness. One-time interventions, such as emergency housing grants, could prevent homelessness. If these fail, the focus should be on helping these individuals return to housing as rapidly as possible to prevent the downward spiral of homelessness.

Those who had experienced homelessness since their 20s, 30s or 40s, reported difficult lives going back to childhood. Many reported experiencing multiple adverse childhood experiences such as having parents with mental health or substance use problems. Many of these men and women had struggled with mental health and substance use problems since their teens, and had never been able to achieve the milestones of adult life. Instead, these individuals faced disabling health conditions and experienced long periods of homelessness interspersed with experiences in institutional settings, such as prisons and hospitals. For these individuals who face significant disabilities and lack the life skills to manage independently, taking a "housing first" approach to permanent supportive housing has been shown to be highly effective at providing long-term housing success. Permanent supportive housing is subsidized housing with on-site or closely linked supportive services, such as case management and behavioral health services. "Housing first" approaches are low barrier. "Housing first" recognizes that it is difficult to address substance use and mental health problems while homeless. Instead, this approach focuses on housing the individual first, and then tries to engage him or her in services.

The number of older adults living on our streets and in our shelters has hit crisis proportions and is expected to grow. Reversing this crisis will require expanding the availability of affordable housing for low-income older adults, identifying older adults at high risk for losing their housing, intervening before they lose their housing, and providing proven solutions, such as a "housing first" approach to permanent supportive housing for chronically homeless older adults with disabling conditions. The plight of seniors living on our streets demands that we do no less.

Margot Kushel, MD is a Professor of Medicine at UCSF/ Zuckerberg San Francisco General Hospital and the UCSF Center for Vulnerable Populations. She is a practicing general internist who has been studying homelessness for 20 years. She has a particular interest in the causes and consequences of homelessness among older adults.

In Memoriam

We are deeply saddened to report **Travis Hanna, Vice President of Operations, Beacon Communities** passed away on October 26, 2016. Travis was beloved by his colleagues at Beacon/ American Baptist Homes of the West and by LeadingAge California members who knew him to be an excellent trainer, mentor and leader.

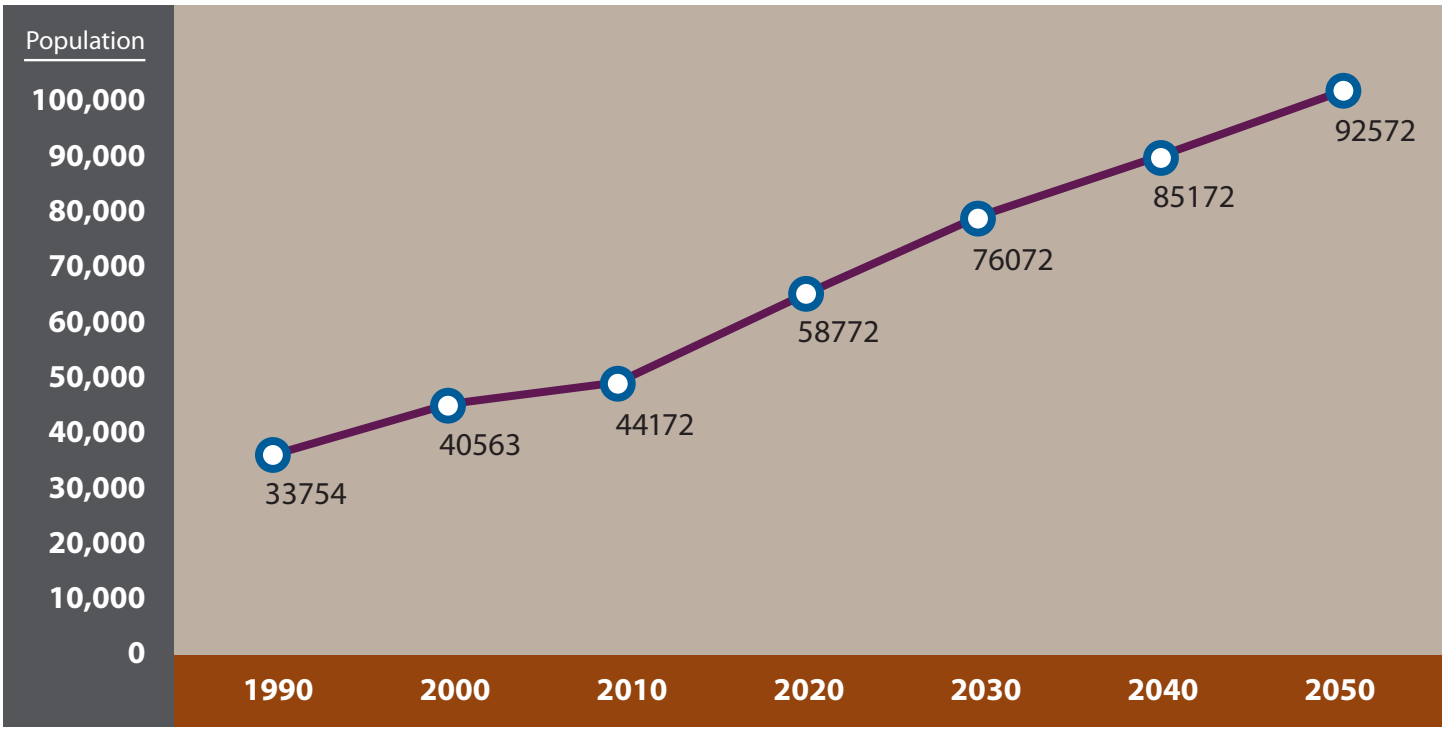
"The superior quality of his engaging workshops is legendary," said Ancel Romero, President of Beacon Communities. "His most lasting legacy may lay in the countless industry professionals he selflessly trained and now leaves behind. It is perhaps for this reason that Travis will always be with us."

A graduate of the 2011-2012 EMERGE Leadership Program, Travis was an experienced leader and passionate about serving older adults with dignity. He will be remembered for his humor, commitment to social justice and enthusiasm for his important work.

Condolences can be sent to the attention of Broadmoor Plaza, Attn: Jeric Giron, 232 E. 14th Street, San Leandro, CA 94577.

Member RESOURCES

Projection of Elderly Homelessness



Data Source: Sermons, M.W., & Henry, M. *Demographics of Homelessness Series: The Rising Elderly Population*. Washington, D.C.: Homelessness Research Institute; 2010.

Resource List

Homelessness

- LeadingAge: Center for Housing Plus Services
- Corporation for Supportive Housing (CSH) – Healthy Aging Toolkit
- HUD Exchange: Opening Doors Through MultiFamily Housing: Toolkit for Implementing a Homeless Preference

Mental Health

- Mental Health Services for Californians with Alzheimer's Disease
- Depression in Older Adults: More Facts
- Are Anxiety and Depression Being Overlooked in the Elderly?

Member SPOTLIGHT

EMERGE 2016-2017

Currently in its 6th installment, EMERGE is LeadingAge California's leadership development program. Only 21 Fellows are selected to be part of an elite and exclusive group who will engage in four face-to-face educational sessions. Each session is strategically planned to ensure a proper balance of theory, personal discovery, and direct application through site visits, focused discussions and creative exercises.

It's hard to believe that our EMERGE Fellows are already half way through the 2016-17 program! This talented group of senior living leaders are appreciative of the opportunity their sponsoring organizations have provided them to participate in this transformational leadership experience. LeadingAge California would also like to thank the sponsoring organizations' time and investment proving their dedication in cultivating talent and leadership in the long-term care industry for their organization.

During their second session this past August, the Fellows were greeted by Executive Director Mary Linde of St. Paul's Towers in Oakland, Calif., who graciously hosted the group. In this session, the learning objectives were to explore their potential as change agents and to understand how innovation works. The Fellows engaged in interactive exercises and techniques in shaping decision making from different perspectives. The Fellows also had the opportunity to meet with and share intimate conversations with prominent leaders in the LeadingAge community, such as Jeannee Parker Martin, president and CEO of LeadingAge California; Don Stump, president and CEO of Christian Church Homes (CCH); Tracy Powell, vice president of home and community based services of Episcopal Senior Communities; and Mary Linde, executive director of St Paul's Towers.

Following the panel, the Fellows were given a tour of St Paul's Towers. They were also given a tour of Westlake Christian Terrace, a CCH affordable senior housing site, by Don Stump.

The Fellows were also introduced to one of the most important components of the program called the Action Learning Project (ALP). The projects give Fellows the chance to reflect individually and in groups, gaining insight through the wisdom of their peers and the ability to strengthen their skills at influencing change. Fellows are charged to create an idea or act on an opportunity based around the themes of change and innovation and bring that project back to their own organization or local community.

In December, the Fellows will come together for their third session in Los Angeles, hosted by Hollenbeck Palms.

EMERGE Session II at St. Paul's Towers, Oakland, Calif.

Value First Group Purchasing in California

LeadingAge California has hired a full time business development manager to assist members in accessing potential savings through Value First. The business development manager, Shawn McCann, is the face of Value First in California, and has quickly earned the trust of California members as a purchasing consultant.

What is Value First and why should members be interested?

Value First is a group purchasing organization (GPO) designed by LeadingAge to help members address the challenges of finding expanded choices, intelligent solutions, and significant savings. The organization is owned by LeadingAge and 25 state affiliates. They have partnered with MedAssets who is responsible for negotiating the contracts based on a collective buying power of over $50 billion. As a result, Value First brings the members of LeadingAge California access to over 400 vendor contracts in every category. Value First has the ability to save you money and in most cases allow for continued relationships with the same vendors.

What is the role of the new Value First Representative?

Shawn is responsible for travelling to member communities to increase participation in Value First through the initiation of and follow through on cost studies. He works to build relationships with Value First vendors, answer member inquiries, and monitor purchasing trends of members to ensure continued value. He develops new relationships with Value First in California. He attends region meetings, helps represent Value First during all LeadingAge California events, and works with members on special Value First projects.

What does a member need to do if they want to utilize Value First contracts?

It is very easy! The first thing the member will need to do is sign a "Participation Agreement." This will enroll them into the database and they will have access to all that Value First has to offer. Value First is completely free and exist to save members money.

Members may decide to utilize Value First in one of the following scenarios:

- The member has Value First conduct a cost analysis to compare their current prices with the Value First contracts and it comes back with significant savings.

Value First has seen 90 percent of completed cost studies come back with significant savings.

- The member is planning a large purchase and would like access to the contract pricing.

Does Value First offer any other benefits to members?

Value First offers members access to a construction services program that can save three percent to 12 percent on new construction, as well as employee benefits that include discounts on personal cell phones, car rentals, and uniforms. If you have any questions, contact Shawn McCann at smccann@leadingageca.org

VALUE st

Choices ■ Solutions ■ Savings

Brenda Klütz has 30 years of experience in California state service; with over eight years of working in the Legislature as a consultant on Aging and Long-Term Care issues and 15 years with the Department of Health Services serving as the Assistant Deputy Director and Deputy Director. Currently, she provides LeadingAge California members technical support on issues related to reimbursement, licensing, and regulation interpretation.

Dear BRENDA

Dear Brenda: We've heard that the new federal regulations include standards related to behavioral health. What can you tell us about these changes?

Response: You are absolutely correct that CMS has added new requirements related to behavioral health.

The need for behavioral health screening/standards has been acknowledged for some time. With the passage of OBRA '87, Preadmission Screening & Resident Review (PASRR) was implemented to determine if residents are appropriate for long-term care facilities by evaluating them for serious mental illness and/or intellectual disabilities; offering the most appropriate setting; and providing services needed. For a variety of reasons, PASRR has not accomplished all that CMS had hoped.

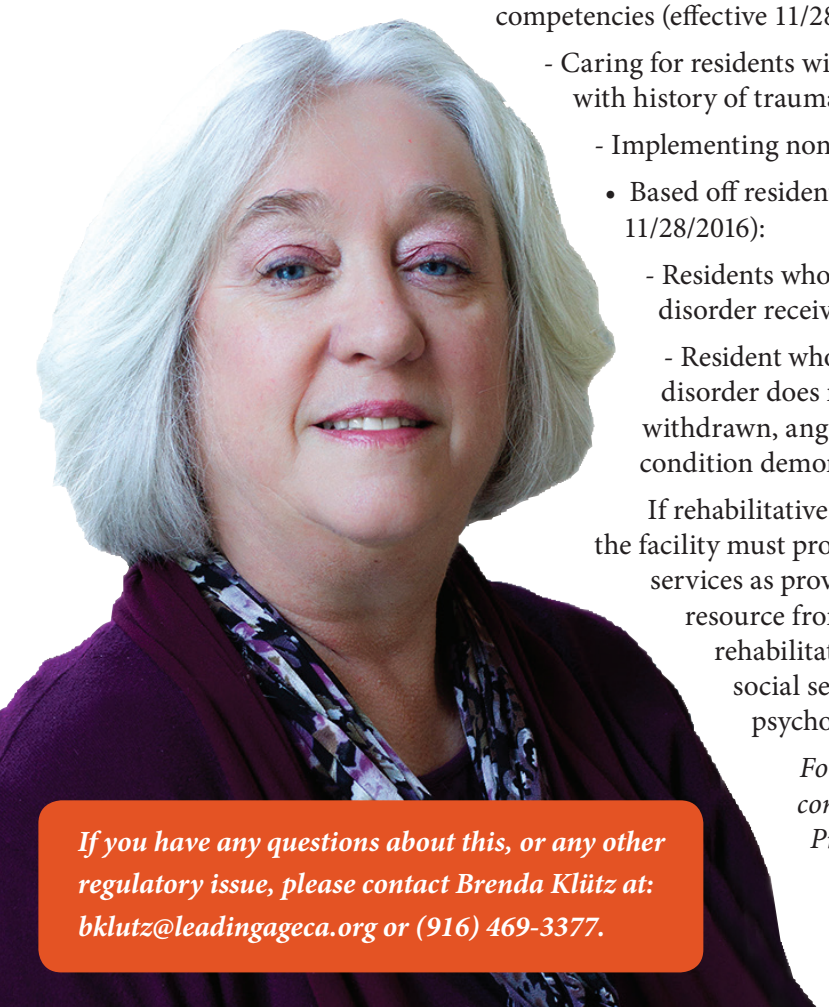
The most common illnesses, aside from dementia, are depression and anxiety; and are underdiagnosed or misdiagnosed.

The updated regulations make significant changes. A new section (42 CFR §483.40) has been added to address resident behavioral health needs. **Major provisions include:**

- Residents must receive and facility must provide necessary behavioral health services;
- Facilities must have sufficient staff who provide direct care to residents with "appropriate" competencies (effective 11/28/2019):
  - Caring for residents with mental illness/psychological disorders, as well as residents with history of trauma and/or post-traumatic stress disorder;
  - Implementing non-pharmacological interventions.
- Based off resident assessment, the facility must ensure that (effective 11/28/2016):
  - Residents who display or who are diagnosed with a mental/psychological disorder receive appropriate care;
  - Resident whose assessment did NOT reveal a mental/psychological disorder does not display decreased social interaction or increased withdrawn, angry or depressive behaviors unless the resident's clinical condition demonstrates that this is unavoidable.

If rehabilitative services are required in the resident's comprehensive POC, the facility must provide required services, including specialized rehabilitation services as provided in §483.45; or obtain required services from an outside resource from a Medicare and/or Medicaid provider of specialized rehabilitative services. The facility must also provide medically related social services to "attain or maintain the highest practicable mental & psychological well-being of each resident" (effective 11/28/2016).

For more information about the implications for skilled nursing communities, please refer to pages 42 & 43 of the LeadingAge Provider Summary.



If you have any questions about this, or any other regulatory issue, please contact Brenda Klütz at: bklutz@leadingageca.org or (916) 469-3377.

Conversations on The Rise of Elderly Homelessness

Meeting the Needs of a Vulnerable Population

Interview with Sister Libby Fernandez

Executive Director of Loaves and Fishes

How long have you been with Loaves and Fishes?

For 18 years. We're the largest campus for homeless people to come to during the day and access services, and we have 14 programs on this five-acre campus. I was also in the Air Force for seven years – I saw the first women graduate from the Air Force Academy. I wanted to fly jets, but then I got my calling – I loved serving my country but I really wanted to serve God. So I pursued religious life.

What is a typical day here like?

Every day is totally unpredictable! But I try to be present to what the day brings. We have between 400 and 600 homeless people come through here each day. So it can be very chaotic on this campus, and some days it feels like a MASH triage center. If you have 600 folks who are homeless they have a story and each story is powerful. So we try to provide a welcoming environment and give everyone the space they need to feel safe.

Are you seeing more older adults on campus?

Yes, in fact we're building a new Friendship Park with that understanding, so instead of rocky paths we have wide cement paths now. We're finding more homeless men and women with wheelchairs and walkers. Also, we have to call Adult Protective Services more often than usual, because we find that some are runaways from board and cares, some are having memory loss, and they're just not able to navigate on their own. I'm just now working with an organization that wants to build the first homeless hospice here in Sacramento. So, Joshua's House is being developed now. It will be great for Sacramento, and all the hospital systems are behind us to provide a hospice for homeless people who are dying.

What are some misconceptions people have about the homeless?

There's a spectrum of homelessness. You have people who are situationally depressed to those with schizophrenia. And sometimes people say, 'well, they're just a bunch of drug addicts.' Many homeless people *do* have drug addictions. Our world is addicted, whether it's coffee to illegal drugs to alcohol. It's very big in our society.

Do you see specific health concerns among the older population here?

Absolutely – a lot of breathing issues, small heart attacks, seizures, high blood pressure, diabetes. Those are the main ones on the street. And if you don't get regulated health issues, from food to medication, it's really highlighted and causes earlier death. Our clinic will see people with or without insurance, help them find it, assess their needs, fix their episodic care for that moment, then they help set up a doctor's appointment with a regular physician within their healthcare system. I know that health insurance is supposed to prevent people from going to the ERs, but until they get into affordable housing and make those appointments, it's very difficult for homeless people to not access the ERs.

What do you feel needs to happen to keep the situation from worsening as more people are becoming seniors?

We all know that permanent supportive housing is the answer and every city, every county, needs more housing available for seniors, homeless people and those with mental illness. So absolutely, we need to keep building more units across the border, but then we also need to work with homeowners and managers of apartments and houses to actually say, "Yes, I will rent to you whether you have an eviction or mental illness or addiction." We need mental health clinics, counseling, law enforcement – everyone needs to come together. It's a part of the solution. It starts with HUD too. We need more Section 8 vouchers and project-based vouchers to help affordable housing organizations like Mercy Housing or Mutual Housing. They can't build without the government's support. And there's lots of that out for senior housing too – 202 funding.

What would you like people to know about the population you serve here?

I like to let people reach in within themselves and ask, "What can I do beyond myself any given day along my own path?" and I think if people would just do that, they can only do the best they can right there in that moment. And that's all one is called to do.

Legal Corner *with* LeadingAge CA

Bed Bugs: New Requirements for Landlords

by Meghan Rose, director of policy - housing and HCBS for LeadingAge California

California law has been largely silent on landlord responsibilities relating to the identification and treatment of bed bugs in rental housing. Over the years, HUD guidance and case law have been pieced together to provide direction on the issue. Recognizing this legal gap, Assemblymember Adrin Nazarian (D – Sherman Oaks) in 2015 authored Assembly Bill (AB) 551 which creates a statutory framework for the handling of bed bugs in residential rental properties by assigning duties to both landlords and tenants.

In a statement on AB 551, Nazarian commented "The absence of bed bug protocols and management laws leave landlords and tenants without clear direction on how to approach bed bug situations. This bill ensures landlords and tenants alike work together to resolve the issue in an equitable manner."

The bed bug problem in California is worsening. This year, two major California metropolitan areas, Los Angeles and the Bay Area, ranked in the top 15 cities in the nation for bed bug infestations. According to a survey by the National Pest Management Association (NPMA), one in five Americans has had a bed bug infestation in their home or knows someone who has encountered bed bugs at home or in a hotel.

In addition to becoming more widespread, bed bugs are becoming harder to eradicate. They are evolving to have thicker skin, increasing their resistance to popular treatment methods. This makes it important for landlords and tenants to work together to prevent, identify and treat infestations in a timely manner.

I. Duties of Landlords and Tenants

Prior to the recent passage of AB 551, California law outlined basic duties for landlords and tenants of rental housing. One of the most basic obligations of a landlord is to keep premises clean, free of filth, garbage and vermin. *Cal. Civ. Code § 1941.1.* Tenants can file a lawsuit against a landlord who fails to maintain habitable premises. In the case of a bed bug infestation, the tenant must prove that the landlord had actual or constructive notice of the infestation, the landlord breached the duty to keep the premises clean by failing to remediate the infestation, and that the tenant suffered damages as a result. *Cal. Civ. Code § 1942.4.*

Tenants have a duty to keep their unit clean and sanitary, and to dispose of waste in a sanitary manner. *Cal. Civ. Code § 1941.2.* The law also requires a tenant to personally repair damage caused by their own acts or neglect, including any situation in which the tenant has substantially violated the obligations noted above, and the violation has substantially contributed to the defective condition. *Cal. Civ. Code § 1941.2.*

Prior to AB 551, statutory law left many questions unanswered relating to landlord and tenant responsibilities for treating bed bugs. AB 551 seeks to fill in some of the blanks by assigning definite responsibilities to both landlords and tenants.

II. New Requirements for Landlords

With the passage of AB 551, the Legislature, seeking to provide guidance on the duties borne on landlords and tenants, acknowledged that, "...Effective control is more likely to occur when landlords and tenants are informed of the best practices for bed bug control….Lack of cooperation by landlords and tenants can undermine pest control operator efforts to identify the presence of bed bugs and control an infestation."

To foster this cooperation between landlords and tenants and promote efficient treatment of bed bug infestations, the new law places requirements on both parties.

New Requirements:

- **Provision of written notice:** To ensure that tenants are properly educated in the identification and consequences of bed bugs, AB 551 requires landlords to provide written notice to all prospective tenants beginning July 1, 2017. All other tenants must be notified by January 1, 2018. The content of the notice is included in the legislation and can be found in California Civil Code Section 1954.603.
- **Leasing of infested units:** Prohibits a landlord from showing, renting, or leasing a vacant unit that the landlord knows has a current bed bug infestation. However, it does not impose a duty on a landlord to inspect a unit or the common areas of the premises for bed bugs if the landlord has no notice of a suspected or actual bed bug infestation. If a bed bug infestation is evident on visual inspection, the landlord shall be considered to have notice pursuant to this section.
- **Entry into infested units:** In an effort to make is easier for landlords to treat bed bugs, the new language allows a landlord entry into tenant's units that are selected by the pest control operator to conduct inspections for bed bugs. It also permits entry for follow-up inspections of surrounding units until bed bugs are eliminated, as long as the entry complies with requirements for advance notice and other provisions of Civil Code Section 1954.
- **Notice of inspection:** Requires the landlord to notify all tenants of units inspected by the pest control operator, and the operator's findings. The notice must be in writing and issued within two business days of receipt of the findings. For confirmed infestations in common areas, all tenants shall be provided notice of the pest control operator's findings.
- **Retaliatory conduct:** Provides that a landlord may not engage in any retaliatory conduct against a tenant who has notified the landlord of finding or reasonably suspecting a bed bug infestation on the property.
- **Cooperation:** Requires tenants to cooperate with the inspection to facilitate the detection and treatment of bed bugs. This includes providing requested information necessary to facilitate the detection of bed bugs to the pest control operator.

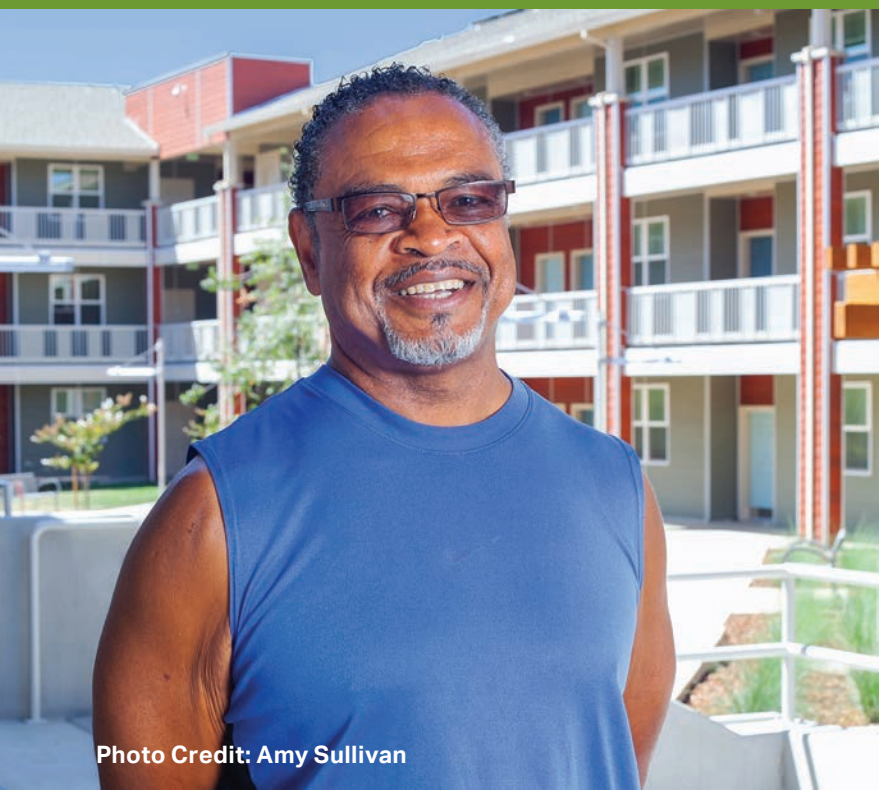


Photo Credit: Amy Sullivan

George Thomas

Resident, Mather Veteran's Village

Mather Veterans Village, Phase 1 is a collaboration between Mercy Housing California, Veterans Resource Centers of America, the City of Rancho Cordova and County of Sacramento, to create a permanent supportive housing environment for formerly homeless and disabled veterans. Resident George Thomas shared his story about how he came to live at this community. ***Watch the video interview.***

Tell us a little bit about your background.

I'm a veteran of the United States Army. I was in the service from 1979 to 1986. My father had suffered a heart attack and had open heart surgery, so I decided to go home and spend time with him, not knowing he was going to live another 35 years. But over those years I brought a lot of heartache to him, because I became addicted to drugs. My drug of choice was crack cocaine. It took my first marriage – my wife who I was married to for 12 years. Eventually I moved to my parents' house, and I continued using for the next ten years.

How did you become homeless?

The last rehab program I attended was a year ago. While I was there I learned about this place. I left the program early and went back to my mom's to help take care of her after she had a stroke. During her recovery, she realized the home she was living in was too much for her fixed income. So she took me aside and said, "I'm going to have to get out of this house." I said I'll be okay. Maybe a month later the house was sold and I became homeless.

What was life like day-to-day?

Being homeless, you don't know what's going to happen one minute to the next. In your car, you're out in the open and subject to whatever comes along – it was just needles and pins all the time.

When did you find out the apartment was available?

I remember it was a Friday and I'd had as much as I could stand of the way I was living. I got on my knees and prayed to God. I said, "Lord, I know that you didn't bring me in this world to live this way. I'm expecting some change to happen in my life." Then Monday came and I received a phone call from here telling me that the apartment was available.

What do you enjoy about living at Mather Veterans Village?

It's like we're family here. Anything that we can do to assist another resident here, we do that, because everybody here knows what it is to homeless, to be without. I'm also in the process of securing a job right now, and hopefully within the next couple weeks I'll be employed. I've attended so many drug rehabs that I have enough knowledge now to know what to do and what not to do, so it's just a matter of utilizing what I've learned and putting it into my daily activities to stay clean and sober. There have been times where I've dropped the ball and I've used, but the difference now is, I don't stay out there using. I get back up and dust myself off. As long as I have a desire to better myself, I know that I stand a chance for success.

Your Leadership Creates Results

I believe we choose the level of influence we have with our people based on the approach to leadership we choose to take. In my observation there are three distinct approaches to leadership and each derives a different result.

1. Pretentious Leaders create contempt. Pretentious leaders are driven by ego. Their focus is not on their people; it's on them. They choose style over function. When a leader is conceited, fake, disinterested or abrasive, they create feelings of resentment with their people. The lack of respect erodes trust and invites desires to undermine the leader's authority. It's easy to blame problems on your people and even to fire people who seem to be a thorn in your side, but those fixes are never more than temporary. I want to be clear that pretentious leadership creates contempt.

2. Positional Leaders create compliance. When leaders rely on position or authority they are not truly leading. People don't follow titles, they follow people. If people follow you because they have to, it is influence bequeathed, not personally earned, and exercising it can be done lazily because following is not a choice. When people are forced or compelled to follow you, the most you will ever get out of them is compliance. And as Dondi Scumaci likes to say, "Compliance will never take you where commitment can go."

3. Partner Leaders create commitment. Partner leaders understand that influence has to be earned. They build genuine relationships, add value, and join in collaboration with their people. That is what creates commitment. It is what every leader, salesperson, teacher, speaker, friend or mentor seeks. It is grounded in consistency of character. With this type of influence, no one is forced or compelled to follow you. Instead, they choose to follow you because they buy into you and find fulfillment and worth in your leadership.

Ty Bennett is the founder of Leadership Inc. and the author of The Power of Influence: Increase Your Income and Personal Impact. *Bennett is slated to be the closing keynote speaker at LeadingAge California's 2017 Annual Conference.*

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