

LEADINGAGE CALIFORNIA

WINTER 2020

# ENGAGE™

## OLDER HOMELESS ADULTS: (CAUSES, CONSEQUENCES AND SOLUTIONS

PG. 8



### 14-MEMBER SPOTLIGHT

MERCY HOUSING CALIFORNIA WITH AN OVERVIEW OF THEIR PROGRAMS, SERVICES AND FOCUS FOR 2020.

### 20-CASE STUDY

LIFESTEPS SHARES A SUCCESS STORY FROM THEIR HOUSING FOR HEALTH PROGRAM

### 28-A PATH FORWARD

LEADINGAGE'S ALISHA SANDERS CLOSES OUT THIS ISSUE WITH A DISCUSSION ON SOLUTIONS FOR A PATH FORWARD



Founded in 1961, LeadingAge California is the state's leading advocate for quality, non-profit senior living and care. The association's advocacy, educational programs and public relations help its members best serve the needs of more than 120,000 of the state's older adults. LeadingAge California represents over 625 nonprofit providers of senior living and care – including affordable housing, life plan communities, assisted living, skilled nursing, and home and community-based care; as well as our business partners and residents.

LEADINGAGE CALIFORNIA  
**ENGAGE**

1315 I Street, Suite 100  
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**Editor-in-Chief:** Robin Douglas

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**Proofreader:** Lucas Evensen

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**Editorial & Design Staff**



**Robin Douglas**  
[rdouglas@leadingageca.org](mailto:rdouglas@leadingageca.org)



**Chad Tittle**  
[ctittle@leadingageca.org](mailto:ctittle@leadingageca.org)



**Soua Vang**  
[svang@leadingageca.org](mailto:svang@leadingageca.org)



**Jeannee P. Martin**  
[jpmartin@leadingageca.org](mailto:jpmartin@leadingageca.org)



**Eric Dowdy**  
[edowdy@leadingageca.org](mailto:edowdy@leadingageca.org)



**Melanie Ripley**  
[mripley@leadingageca.org](mailto:mripley@leadingageca.org)



**Brenda Klütz**  
[bklutz@leadingageca.org](mailto:bklutz@leadingageca.org)



**Meghan Rose**  
[mrose@leadingageca.org](mailto:mrose@leadingageca.org)



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# Healing the epidemic of homelessness

Welcome to the Winter issue of *Engage Magazine*! Our first issue of the year focuses on homelessness among older adults, which, as any Californian can tell you, has reached epidemic proportions in recent years. The statistics you will read in this issue are staggering. Our contributors pose some provocative questions, share success stories and offer solutions and resources for a possible path forward to safe and affordable housing for vulnerable seniors.

This issue's feature article comes to us from Dr. Margot Kushel, Director of the UCSF Center for Vulnerable Populations. Dr. Kushel breaks down the root causes of homelessness among older adults, explains geriatric conditions specific to homeless older adults, and provides an overview of the maelstrom of factors contributing to the dramatic rise in homelessness across our country.

We visited Serving Seniors in San Diego, Calif. to talk with Phyllis, an older adult who will soon be moving from homelessness into permanent housing. Check out the video in "People in Focus" to hear her powerful story. We also talked with CEO Paul Downey to learn about the organization's mission and programs and hear his reflections on their 50th anniversary.

Our COO Eric Dowdy discusses the Governor's recently released budget kicking off the 2020 legislative year in "View from the Capitol." Brenda Klutz details requirements for providers regarding hospital discharge planning policies for the homeless in "Dear Brenda."

We invited LifeSTEPS back for "A Life Reclaimed" to share a success story related to their Housing for Health Program. LeadingAge Director of Housing and Services Policy Research, Alisha Sanders, closes out this issue with "Protecting Our Seniors: A Path Forward from Homelessness."

As usual, we welcome your ideas and feedback. Please email me any time at [rdouglas@leadingageca.org](mailto:rdouglas@leadingageca.org).

Happy New Year!

Robin Douglas  
Editor-in-Chief

## A NOTE FROM THE editor

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**Robin Douglas**

**Editor-in-Chief**

[rdouglas@leadingageca.org](mailto:rdouglas@leadingageca.org)



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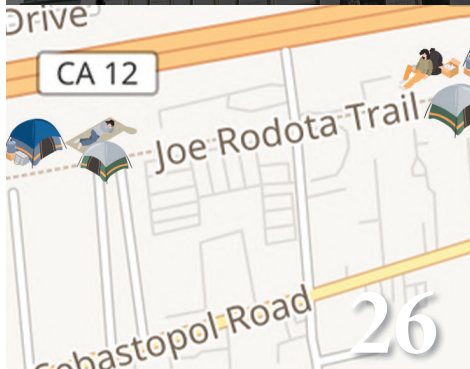
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**Kevin Veitia**  
*Area Senior Vice President*  
Direct: (559) 302-1325  
Mobile: (559) 967-2048  
kevin\_veitia@ajg.com



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# Envisioning a California for All

Rarely a day goes by when I don't read, think about or see someone who is homeless. As I scan sidewalks, cross bridges, and drive under freeways, I always wonder if the person who looks so familiar is an old friend, a relative, or a former co-worker. These emotions must cross your minds as well. We are all effected by homelessness, and at times it hits close to home.

I met Dan and Rick recently, who live in moderate income housing at a Retirement Housing Foundation location. They were gifted in their knowledge of the city, their experiences, and their interest in life events. I was struck during our lively conversation that without our important low and moderate income housing communities, many more older adults would be homeless. Without services, many more would go without care and needed assistance.

With continued extreme homelessness and the growing older adult homeless population, we cannot achieve the vision outlined in the Master Plan for Aging: *California for all across the life span*. I'm honored to represent LeadingAge California on the MPFA Stakeholder Advisory Committee and the Research Subcommittee as we address four important goals. Paramount to these discussions is homelessness, the topic of an upcoming MPFA Webinar Wednesday on February 12th.

## The Master Plan for Aging has four goals:

- 1.Services & Supports.** We will live where we choose as we age and have the help we and our families need to do so.
- 2.Livable Communities and Purpose.** We will live in and be engaged in communities that are age-friendly, dementia-friendly, and disability-friendly.
- 3.Health and well-being.** We will live in communities and have access to services and care that optimize health and quality of life.
- 4.Economic Security and Safety.** We will have economic security and be safe from abuse, neglect, exploitation, and natural disasters and emergencies throughout our lives. The MPFA will carve a path to address these goals in local communities, with elements to assist in addressing homelessness in local communities.

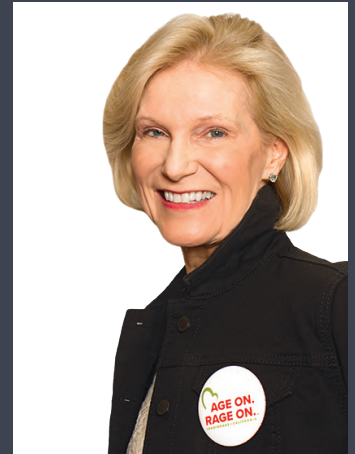
The MPFA is also bolstered by our Age On. Rage On. campaign. Please continue to follow [AgeOnRageOn.com](http://AgeOnRageOn.com) and on social media. Our campaign has heightened awareness statewide about the need for workforce in our field and for LTSS financing. Your voice is being heard in these efforts to support the housing, care and services our members provide. We cannot stop until relevant solutions are found.

I'll look forward to seeing many of you in Sacramento at our RISE Summit, at various committee meetings, member events, and in Palm Desert in May for our Annual Conference.

In the meantime, Age On. Rage On.!



## FROM THE CEO



**Jeannee Parker Martin**  
President and CEO



## Congratulations on your Retirement

- Retirement Housing Foundation (RHF) President and CEO Dr. Laverne Joseph (March 2021)
- Solheim Senior Community Executive Director Jim Graunke
- Baywood Court Executive Director Bruce Udelf
- HumanGood President of Philanthropy Jeff Glaze
- Carmel Valley Manor President and CEO Jane Ipsen announced her retirement.

**Sequoia Living** announced Sarah McVey as their new President and CEO.

## The Motion Picture & Television Fund

was featured in the *Los Angeles Daily News* in an article, "At Motion Picture and Television Fund's Woodland Hills campus, a new haven for dementia patients – funded by a Hollywood icon."

## Saratoga Retirement Community

was listed on Seniorly.com's list of the 10 most searched senior living communities in the San Francisco Bay Area.

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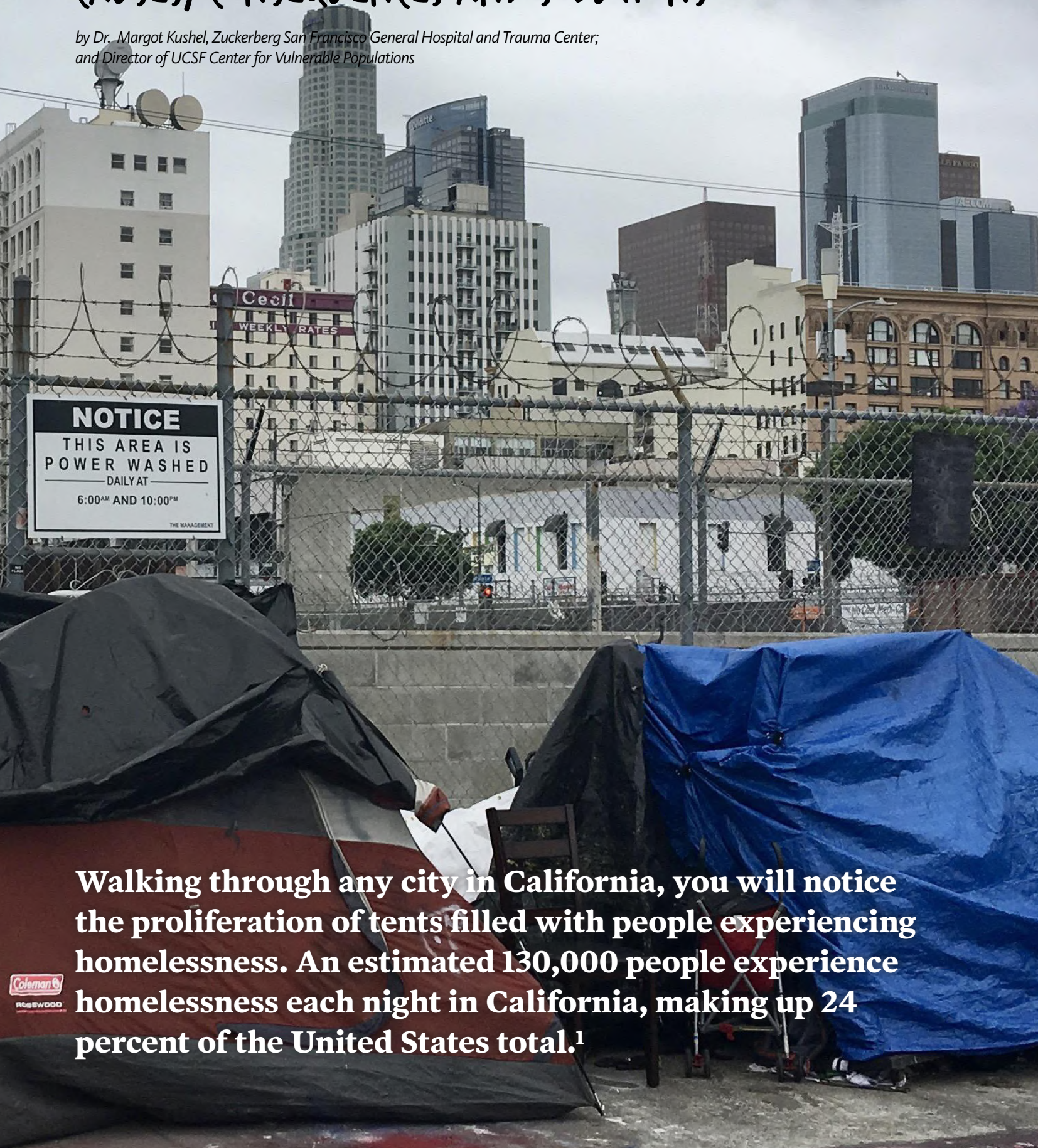
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# OLDER HOMELESS ADULTS:

## CAUSES, CONSEQUENCES AND SOLUTIONS

*by Dr. Margot Kushel, Zuckerberg San Francisco General Hospital and Trauma Center;  
and Director of UCSF Center for Vulnerable Populations*



**Walking through any city in California, you will notice the proliferation of tents filled with people experiencing homelessness. An estimated 130,000 people experience homelessness each night in California, making up 24 percent of the United States total.<sup>1</sup>**



In California, over two-thirds of those who are homeless are unsheltered, a much higher rate than the rest of the country.<sup>2</sup> California is home to almost half of the nation's unsheltered homeless population. It is no surprise that in polls, Californians name homelessness as the number one issue facing the state.

The fundamental cause of homelessness is poverty, the lack of affordable housing and the ongoing effects of structural racism. In California and throughout the United States, this has taken a particular toll on older adults. In the early 1990s, 11 percent of homeless single adults were 50 or over. By 2003, 37 percent were. Now, approximately half are. The fastest growing age group of people who are homeless are those 65 and over, whose numbers will triple in by 2030.<sup>3</sup> According to the Harvard Joint Center on Housing, people over 50 have the highest risk of paying more than 30 percent of their income on rent or mortgage.<sup>4</sup> Over half of California households led by people aged 50-64 pay more than 30 percent of their household income in rent – the highest proportion in the U.S. Almost a third of renters 50-64 in California pay over half of their household income on rent. Paying this much for housing means cutting back on other expenses, including medicine, healthcare, and healthful food. Low-income people who spend over 30 percent of their income on rent are unable to save money, leaving them vulnerable to losing their housing when they face setbacks, like a job loss, sickness, or death in the family. The risk for homelessness is highest among households who are extremely low-income (ELI), i.e. those who make less than 30 percent of the Area Median Income. Nationally, there are only 35 units of housing available and affordable for every 100 ELI household; in California, the situation is more dire, with only 22 units available and affordable for every 100 extremely low income households.<sup>5</sup> At its heart, the homelessness crisis is due to lack of affordable housing for the lowest income Americans.

Black Americans are at significantly higher risk for homelessness than white Americans, due to the ongoing effects of structural racism. Discrimination in the housing markets, through practices such as residential covenants and redlining, which restricted black households from obtaining mortgages and enforced residential segregation, contributed to the enormous racial wealth gap between black and white house-

holds.<sup>6</sup> Poor enforcement of Fair Housing Act policies leads to black households paying more for the same type of housing as do white households.<sup>7</sup> Banks targeted black and latinx households for predatory lending practices during the foreclosure crisis in 2008. Add to this ongoing and well-documented discrimination in the criminal justice system, educational system and employment, it is not a surprise that black Americans nationally are at 3-4 fold increased risk of homelessness.<sup>8</sup> In California, those statistics look even worse. In San Francisco, less than six percent of the population identifies as black, yet 37 percent of those experiencing homelessness do.<sup>9</sup> In Los Angeles, eight percent of population identifies as black, but 42 percent of homeless population does.<sup>10</sup> To address homelessness, we must reckon with the lingering effects of structural racism.

The dramatic increase in older adults experiencing homelessness is, in part, a generational issue. People born in the second half of the baby boom (approximately 1955-1964) have been at an elevated risk of homelessness their entire lives.<sup>11</sup> This generation faced multiple challenges. They entered the job market after the large population of baby boomers born earlier. Many entered the job market during the recession in the 1970s, leaving them with depressed incomes throughout their careers. They came of age during changes in criminal justice and drug policy, deeply affected by the initial era of mass incarceration. They entered adulthood during a large retrenchment in Federal support for affordable housing. For many reasons, this age cohort has faced economic challenges, and increased homelessness, their whole lives. As they have aged, so has the homeless population.

To better understand the life experience of older adults who experience homelessness, my research group has been following a group of adults, who, at study entry, were 50 and older and homeless in Oakland, every six months since 2013-2014. Our study, named the Health Outcomes for People Experiencing Homelessness in Older Middle Age (HOPE HOME), found that almost one-half had never experienced homelessness before the age of 50. We found that those with a first episode after age 50 differed from those who had been homeless earlier in life and remained homeless in older middle age.<sup>12</sup> Those with early onset homelessness reported extraordinarily

challenging childhoods, replete with significant adverse experiences. Due to this, these individuals had struggles throughout their lives, including the early onset of difficulties with mental health and substance use problems, limited formal education, and engagement with the criminal justice system. These individuals had struggled throughout their lives, including long stretches of homelessness that persisted into later life. Those with late onset homelessness had very different stories. They had worked their whole lives, often more than one job, albeit usually in low paying, physically demanding work. Then, after the age of 50, they experienced a setback: the breakdown of a marriage, a job loss or illness (theirs, or their spouse or partner), or the death of their spouse/partner or parent. With little savings, facing difficulty finding work as an older adult, and having little ability to compete in an unforgiving housing market, the older adults found themselves homeless.

Homelessness is deeply traumatizing – to everyone, but even more so for frail older adults. We found that 11 percent of older homeless adults reported experiencing sexual or physical assault in the prior six months – this risk dropped by half when the participants regained housing.<sup>13</sup> We found a high prevalence of geriatric conditions – cognitive impairment (difficulty remembering, following directions), functional impairment (difficulty with bathing, toileting, dressing and the like), sensory impairments (hearing and vision loss), and problems such as falling, and urinary incontinence – at a level higher than we see in people in the general community in their 70s and 80s.<sup>14</sup> Many individuals struggled with multiple chronic health problems, such as heart disease, chronic lung disease, and cancer – while living outside. We have found extraordinarily high death rates – even higher in those who first became homeless later in life. All of this speaks to the unbearable challenge of homelessness among older adults – and the urgent need for action.

What are the solutions? We know how to solve homelessness, but lack the political will to do so. First and foremost, we need to close the housing affordability gap. By dramatically increasing the supply of housing that is affordable to low income populations, we can reduce homelessness. Without a focused effort on doing so, it will be difficult to do. Another key strategy

to improve housing affordability is through increasing the availability of rental assistance. However, currently, only one in four households nationally who meet the criteria for rental assistance receive it. Among seniors, one in three does. Rental assistance, typically in the form of vouchers (referred to colloquially as Section 8 vouchers, but called Housing Choice Vouchers), allows recipients to rent housing on the free market and pay 30 percent of their household income on rent. The voucher pays the rest. Expanding access to Housing Choice Vouchers would have an immediate positive effect on homelessness, affording stability to households to remain in their housing, or find new housing.

In addition to this, we need to increase efforts to prevent homelessness. Without stopping the inflow into homelessness, we can never solve the problem. Research has shown that relatively small commitments of money and other assistance during a crisis can prevent homelessness for many people. Preventing homelessness includes a range of activities, from eviction prevention to programs that offer people at high risk of homelessness money to pay back rent or other expenses. Rent control is an important strategy, and may be particularly important for older adults living on fixed incomes. Recent legislation in California, AB 1482 (Chiu, D-San Francisco), which took effect in January, provides additional rental protections to renters and caps rental increases. With rent control, preventing evictions becomes a means to protect affordable housing. To strengthen renters' rights, California created resources to provide access to attorneys in eviction cases, which can both prevent eviction and preserve housing affordability.

Because many seniors live on fixed incomes, another strategy to prevent or end homelessness is to use shallow subsidies (typically several hundred dollars a month). Santa Monica is exploring the use of shallow subsidies to keep seniors housed.<sup>15</sup> Others are looking into home sharing. Kaiser Northern California recently funded a local non-profit, Bay Area Community Services, to find housing for 515 homeless seniors. <sup>16</sup> BACS used several strategies, including acquiring houses to create shared housing opportunities for older adults to live together, affordably. Another strategy is to increase the State Supplement to SSI, to



increase income for the poorest residents. To end the homelessness crisis, we will need both a single minded focus on ending the problem, but flexibility in our solutions.

What about people with significant mental health and substance use disabilities? For these individuals, Permanent Supportive Housing (PSH), offered using Housing First principles, is a highly effective solution to homelessness.<sup>17</sup> PSH refers to affordable housing coupled with voluntary supportive services. Housing First refers to the strategy to not place preconditions on the housing, such as sobriety or engagement in mental health care. PSH has been shown to be enormously successful in housing chronically homeless individuals with behavioral health disabilities, with upwards of 85 percent of these individuals achieving successful housing. Through the use of PSH, the VA has seen dramatic reductions in chronically homeless veterans.<sup>18</sup>

As individuals age, whether in housing, or while homeless, services will need to adapt to their needs. A major issue for PSH residents is the need for aging-appropriate services, such as personal care, dementia care, and hospice and palliative care. There are promising models to adapt low-income and supportive housing for the needs of older adults. The Community Aging in Place (CAPABLE) model employs a visiting nurse, an occupational therapist and a handyperson for older low-income adults, who are given resources to do home improvements recommended by the team.<sup>19</sup> This has been shown to keep older low-income adults in housing and has been adapted for PSH. Other promising models are the co-location of Program of All-Inclusive Care for the Elderly (PACE) programs with PSH, to allow PSH residents with multiple complex needs to age in place.<sup>20</sup>

By increasing affordable housing for older adults, engaging in targeted prevention efforts, and building off the success of permanent supportive housing, we can make homelessness for older adults rare and brief. The shocking increases in older adults experiencing homelessness should compel us all to action.

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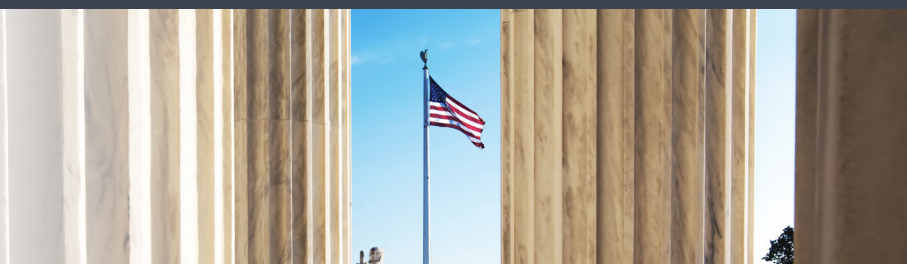


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- Tiffany Moodenbaugh, Pacific Meadows

### RECOGNIZED ENDORSERS

- Allen Jergesen, Hanson Bridgett
- Lisa Gerold, Harbor Linen
- Chad Kunze, CliftonLarsenAllen
- Mary Stompe, PEP Housing
- Jeannee Parker Martin, LeadingAge California
- Hollis Briese, Unidine
- Alyssa Butuso, Caremerge
- Tiffany Karlin, Mueller Prost
- Brittany Vipham, ARCH Consultants, Ltd.
- Jasmine Borrego, TELACU Residential Management
- Luci Kazanjian Grayson, Armenian Home
- Jason Veitia, Arthur J. Gallagher & Co.
- Michael Raffee, ONR Inc.

*\*Organization names shown for identification purposes only.*





## 'We Are Better Than This': California Gov. Gavin Newsom On His New Plan To Address Homelessness

California Gov. Gavin Newsom is calling for a more than \$1.4 billion plan to address the homelessness and housing crisis in our state. Learn more about the details in this edition of "Here and Now" from National Public Radio (NPR).

<https://www.wbur.org/hereandnow/2020/01/16/gavin-newsom-california-homelessness-crisis>



## Supportive Housing Needs in the United States

This interactive map provided by the Corporation for Supportive Housing (CSH) offers detailed data on each state's population, total figures and research references. Select a state to view supportive housing needs.

<https://www.csh.org/supportive-housing-101/data>



## Housing America's Older Adults: Joint Center for Housing Studies of Harvard University

This website includes press releases, maps, interactive data and other resources.

<https://www.jchs.harvard.edu/housing-americas-older-adults-2019>

## SAVE THE DATE!

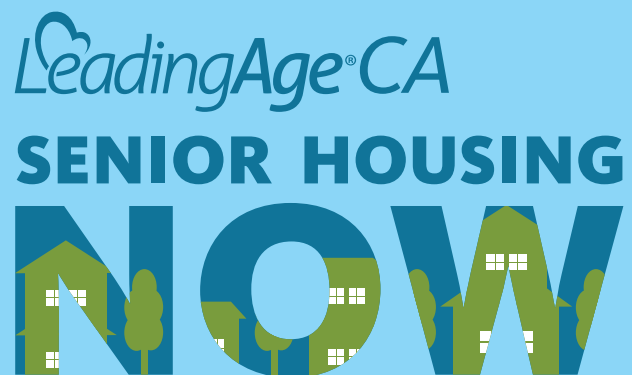


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**APRIL 1, 2020**

**FOR MORE INFO VISIT:**  
[LEADINGAGECA.ORG/ADVOCACYDAY](http://LEADINGAGECA.ORG/ADVOCACYDAY)

WELCOME

## MERCY HOUSING: CREATING OPPORTUNITIES TO THRIVE

*We sat down with resident services manager Troy Ward to learn more about Mercy Housing's programs and services for homeless older adults.*

### **Tell us about the mission of Mercy Housing.**

At Mercy Housing, our mission is to create stable, vibrant and healthy communities by developing, financing, and operating affordable, program-enriched housing for families, seniors, and people with special needs who lack the economic resources to access quality, safe housing opportunities.

### **Can you share how your programs and services have impacted older adults?**

We are making a difference in the life of a senior citizen who, as a result of our efforts, has a safe place to rest after a lifetime of hard work. But this year, that person now has housing which serves not just as a source of shelter and stability, but a place of renewed hope and possibility. We recently helped finance the predevelopment of such a property, the Renaissance Downtown Lofts, permanent housing for formerly homeless individuals currently under construction in Denver, Colorado.

In addition to housing, these now formerly homeless residents will also receive support services designed to assist them in obtaining and maintaining permanent housing. Case managers and counselors help residents maximize their self-sufficiency by addressing underlying illness and other causes of their homelessness, and increasing their life skills.

### **What's on the horizon for your organization as we head into 2020?**

Recently, Mercy Housing, in partnership with Veterans Resource Centers of America, the City of Rancho Cordova, and the County of Sacramento broke ground on the final two phases of Mather Veterans Village, the first permanent supportive housing development for homeless and disabled veterans in the Sacramento region. Over 92,000 veterans live in the Sacramento area, and it has the 10th highest number of homeless veterans in California counties. Despite this need, housing to support the unique needs of homeless and disabled veterans was basically non-existent until Mather Veterans Village went from idea to reality.

It is our hope to actually make an impact on the prevalent issue of homelessness because our most sincere shared belief as a non-profit organization is that having a home can change a life for the better.

One of the goals we have as a housing provider is for residents to age in place at our properties, and through service provision, dedication to our mission, and a committed application of community building practices, we are succeeding.

*Mercy Housing California (MHC) is the largest regional division of Mercy Housing, Inc., with offices in Los Angeles, San Francisco, and Sacramento. MHC has developed and operates 134 affordable communities with more than 9,190 homes serving lower-income seniors, families, and people who have experienced homelessness.*

**Learn more at [mercyhousing.org](https://mercyhousing.org)**





# ☆☆☆☆ "MORAL INJURY" ☆☆☆☆ CONTRIBUTES TO HOMELESSNESS AMONG VETERANS

Knowing more about causes of homelessness helps create pathways to stability among veterans

*by Volunteers of America Northern California & Northern Nevada staff*

"Moral injury" is a relatively recent term used to describe a crisis that soldiers and many others have faced for generations, the internal suffering that results from doing something against your moral code. Anyone who works with marginalized, at-risk populations has probably seen moral injury: people experiencing homelessness, people struggling with addiction, people whose daily lives and choices erode their feeling of being a good and decent person, worthy of respect, or people who carry unprocessed grief and guilt in ordinary life. Because of things we do, witness, are ordered to do or fail to do in high stakes situations, we can lose our moral foundations and our sense of being a good person ... this is moral injury.

Volunteers of America (VOA) is committed to broadening the public, faith-based and medical community's knowledge about the effects of moral injury. Our goals are the widespread acknowledgement that moral injury is a legitimate obstruction to personal well-being for a vast spectrum of populations and communities, and to provide training in how to address it in those populations.

Anna Darzins, Volunteers of America's Sacramento shelter manager shares, "People who are homeless experience the trauma of watching others become physically assaulted. They watch others get raped. They watch others get robbed. And not only do they watch it, but it happens to them. It's like being in a combat zone, all the stuff that happens on the street. Volunteers of America can house individuals in our programs. We can put them in shelter. But if we don't give them the tools to help them process moral injury, they will never be able to release themselves from that prison."

With homelessness, there's no silver bullet. Volunteers of America is committed to finding ways to help the most vulnerable people in our community. And with



Pictured: Anna Darzins comforts a client outside of Capitol Park Shelter in downtown Sacramento.

what we're learning about moral injury, we think we've found another piece to the puzzle.

We've come to recognize that untreated moral injuries hold individuals back from achieving their full potential in life. If left to fester, an untreated moral injury can lead to many destructive behaviors from feeling like a monster, feeling suicidal, or not feeling fit to return to families or re-enter society. Alcohol and drug use are prominent in people who have experienced traumas and moral injuries.

In 2017, VOA launched a national long-term moral injury initiative. We define "moral injury" as a legitimate obstruction to personal well-being. The goal of the initiative is to broaden the public's knowledge about its effects. Volunteers of America has begun training our professional staff working directly with our clients – actively listening to the pain of our clients and validating that experience. It's a very moving, intense process, but we believe this work will help us be even more successful at helping people, especially veterans, move from crisis to stability and leave homelessness behind for good.

**Learn more at [www.voa-ncnn.org/moral-injury](http://www.voa-ncnn.org/moral-injury)**





## Dear Brenda

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.

***Providing healthcare, home and community-based social services (HCBS) and long-term services and supports (LTSS) can mean serving Californians who are chronically homeless or at risk of becoming homeless. The following is a high-level overview of a very complex issue.***

Providers are increasingly responsible for where a patient/resident is transferred or discharged, often resulting in the patient not having a viable place to be discharged to. Providers have collaborated with community partners to come up with innovative approaches to supporting individuals who are homeless.

Hospitals must adopt discharge planning policies that ensure planning is appropriate to the patient being discharged and to the discharge destination, and meets the needs and acuity of the patient. [Health & Safety Code §1262.5(j)] Hospitals must also have an extensive written homeless discharge planning policy and process. [Health & Safety Code §1261.5(n) through (s)]

Skilled Nursing Facility (SNF) regulations envision discharging to another facility, provider, home or community-based setting. In the case of residents who are homeless, or at risk of becoming homeless, there may be no place to discharge them to. SOM Appendix PP explains the expectation of the SNF when discharging a resident. [42 CFR 483.15] SNFs cannot discharge a resident for non-payment while eligibility for Medi-Cal is being determined.

Residential Care Facilities for the Elderly (RCFE) must provide residents with information on resources available to assist in identifying alternative housing and care options when evicting a resident [Title 22, §87224] or contact other suitable facilities for placement, if necessary when transferring a resident. [Title 22, §87223]

Since 2013, the U.S. Department of Federal Housing and Urban Development has permitted Multifamily Housing providers to develop an owner-adopted admissions preference policy for individuals and families who are homeless. HUD allows a narrow definition of homelessness for the purpose of a waiting list. The alternative definition can be specific to the homeless needs in their community or a broader version that would serve more of the population, subject to HUD approval.

The Department of Health Care Services released a proposal to restructure Medi-Cal benefits and place more responsibility on the Medi-Cal Managed Care Plans (MMCP). Now termed “Medi-Cal Healthier California for All,” it proposes new flexible benefits for “High Utilizers,” better integrates behavioral health, enhanced care management for

***As always, if you should have any questions or concerns, please don't hesitate to contact me at: [bkklutz@leadingageca.org](mailto:bkklutz@leadingageca.org) or (916) 469-3377.***



medically-complex children, homelessness and housing, justice-involved individuals and managed long-term services and supports for California's aging population who are at risk of institutionalization. The managed LTSS proposal is expected to be addressed and integrated with the state's Master Plan for Aging.

To address the needs of beneficiaries who are homeless or at risk of becoming homeless, the proposal shares a concept using flexible "in lieu of services." The addition of in lieu of services would build capacity within the clinically linked housing continuum for our homeless population, including housing transitions/navigation services, housing deposits, housing tenancy and sustaining services, short-term post hospitalization housing, recuperative care for inpatient transitions and day habilitation programs.

Read more information on the details of this proposal:

<https://www.dhcs.ca.gov/provgovpart/Documents/6422/Medi-CalHealthierCAforAllProposal.pdf>



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For more than 60 years our attorneys have worked side-by-side with the nonprofit communities that form LeadingAge California. We continue to be inspired by our clients' commitment to the people they serve. We are proud to share that commitment and look forward to helping build a better future for seniors in California.

We understand your legal needs because we understand your world. Turn to us for: Business, Tax Exemption and Regulatory Issues; Litigation; License Deficiency Appeals; Long-Term Care Acquisitions, Financings, Leases, Management Contracts; RCFE and CCRC Development and Operations; Labor and Employment Matters; Insurance Recovery Issues; Real Estate and Construction Questions.

SACRAMENTO | SAN FRANCISCO | NORTH BAY | EAST BAY | LOS ANGELES

## Resources

**Creating Housing for Elders Without Homes - *LeadingAge Magazine*** (May/June 2018): <https://bit.ly/36eVDaj>

**Latest News on Homelessness - Kaiser Health Foundation:** <https://khn.org/news/tag/homeless>

**Discharge Planning for Homeless Adults** (California Hospital Association, 2018): <https://bit.ly/2TQOPx9>

**Implementation and approval of owner-adopted admissions preferences for individuals or families experiencing homelessness - HUD:** <https://www.hud.gov/sites/documents/13-21HSGN.PDF>

**Allowable Special and Add-on Management Fees to Implement a Homeless Preference – HUD**  
<https://www.hud.gov/sites/documents/HOMELESSPREFERENCEFEES.PDF>

**Health Aging in Supportive Housing (CSH, Los Angeles Edition):** <https://www.csh.org/wp-content/uploads/2017/04/Los-Angeles-Edition-Healthy-Aging-in-Supportive-Housing-Jan-2017.pdf>

**Addressing San Francisco's Vulnerable Post-Acute Care Patients** (San Francisco Department of Public Health, 2018)  
<https://bit.ly/2TNCji7>

**The Impact of Cal MediConnect on Institutional to Community-Based Settings**  
(SCAN Foundation, 2017) <https://bit.ly/3ayarUR>



## Serving Seniors: A Dream for Change

We visited Serving Seniors in San Diego to talk with Phyllis, an older adult soon to be moving from homelessness into permanent housing. Watch the video interview at [youtube.com/leadingagecalifornia](https://youtube.com/leadingagecalifornia)

When Phyllis first became homeless in 2016, she spent a short time staying with family before moving to a local women's shelter. Five months later, she started living in her car. There were times she slept outside her storage unit, in a secluded area where she couldn't be seen.

"It feels like you have let yourself down," said Phyllis. "It's not a good feeling. Number one, you don't know where you're going to use the bathroom. You don't know when you're going to be able to take another shower. Being homeless isn't an easy task and I don't wish that on anybody, but I fell into that category. But I'm fixing it, I'm coming up."

Phyllis deals with a host of physical maladies that she treats with a number of pills. "I take like 12 pills a day," she said. "Diabetes, high blood pressure, acid reflux. It's not easy when you know you have to take all these pills but don't know where to go. Sometimes when I would go to the storage to sleep there, I'd miss my night pills."

It's overwhelming to see all of this happening," she said. "It's really, really scary."

Phyllis was familiar with Serving Seniors, already coming to the center for the meals and to socialize, but wasn't aware of the housing programs they offered. "I decided to

apply for the program," she said. "Transitional housing for seniors."

Now, Phyllis is waiting to move permanent housing and eager to settle in to her new apartment. She looks forward to having her three sons visit and being able to cook in her own kitchen again.

She credits her strong faith, and her role as a member of a local community choir for helping her make it through homelessness. "This is my second year in the choir. We represent the unsheltered," she said. "A group of ladies there made a quilt and dedicated it to me. When I move into my apartment, one of the first things I'm going to do is take that quilt and hang it on the wall."

"I am somewhere," she said. "I am happy. It's gonna be a dream for change and an opportunity for a new life. I don't want to go through this anymore."

"And I would like to thank Serving Seniors. I want to thank them for letting me and giving me the opportunity to come this far."

**Visit [servingseniors.com](https://servingseniors.com) to learn more.**



*We also chatted with Serving Seniors CEO Paul Downey about the organization's mission and programs, and reflections as they celebrate their 50th anniversary.*

**Serving Seniors CEO Paul Downey:** Older adult homelessness is an epidemic. Here in San Diego, over a third of the people on the streets are now older adults, and that trend continues through the rest of the state. In places like L.A. it's over 40 percent. In San Francisco it's close to 50 percent. And even in the rural areas in California, older adult homelessness is fast becoming the top issue many of these communities are facing.

**What are some of the contributing factors you see?**

For many of the homeless seniors we see, it's an economic issue - loss of a job, a spouse that gets sick and uses up the life savings before they're ready to retire, or some other triggering event that causes them to tumble into homelessness.

**Tell us about the mission of Serving Seniors and what some of the services are that you provide.**

Serving Seniors has been around for 50 years. Our mission is helping seniors in poverty live healthy and fulfilling lives. But what we really do is provide that safety net of services that keeps people from falling over the edge into homelessness. We keep people housed and healthy, and hopefully help them live fulfilling lives and enjoy being part of the community.

Nutrition is our core. We serve breakfast and lunch, 365 days a year, both congregate locations as well as home-delivered meals for our homebound seniors, case management services, social workers, mental health professionals, nurses - all of whom are providing that key support.

**Tell us about the people you serve.**

Poverty is a key element to what we do here. Over 85 percent of the folks we serve live below the federal poverty level. In fact the median income is about \$950 a month. Most of the people live in the single room

occupancy hotels - here in San Diego most of the rents are about \$750 a month.

Most people we serve on a daily basis are living on six or seven dollars a day for all of their needs after they pay their rent.

Here in California, one of the biggest dilemmas we have is the lack of affordable housing. Even if you can get people off the street into a transitional, that movement into permanent supportive housing is where we're falling down, because there simply just aren't enough units available with the support services that are badly needed.

**This year marks your 50th anniversary. What does 50 years of Serving Seniors mean to you?**

I've been here for 25 of the 50 years as the CEO - I actually started as a volunteer 34 years ago serving lunch in our dining room. So I feel privileged to be part of this organization for much of its history.

We were the first senior nutrition provider and first major senior organization in San Diego. We've gone from a small fledgling organization into a very large provider of integrated services for our clients. We've had a lot of help and a lot of donors to make it happen. And we do it every single day for our clients. They're the reason we all get up the morning.

These are folks who are struggling. And so our job is to really help them be fulfilled by providing services that meet their direct needs, but also meet the needs that makes them still feel like they're a vital part of the community.

And this is a special place - when you come here, you're part of our community.



# HOUSING, HEALTH AND HAPPINESS: A LIFE RECLAIMED

by Vernon Hills, Director of Development, LifeSTEPS

Ann, aged 59, experienced severe trauma in her life at a young age. Her grandparents raised her after her mother abandoned her as a child. At age 16, after she was sexually assaulted by a trusted uncle, Ann turned to drugs to cope with the severe emotional pain. At age 18, she received another blow when her absent mother suddenly passed away.

Seeking some sunshine in her life, at age 20 she hitchhiked from Pittsburgh, PA to Phoenix, AZ with her best friend. She grew bored quickly, left her friend behind and took a seat alone on a bus bound for California. When she arrived, the ill-planned adventure brought her to L.A.'s Skid Row, where she remained in a cycle of alcohol and drugs for several years. In between, she stayed at the Union Street missions. A hot meal and a dry and warm place became occasional luxuries.

After ten years living on the streets of L.A., and after many nights fearful of being harmed, Ann had an epiphany that led her to a sober living program. Fortunately, the program worked, and Ann has maintained her sobriety for over a decade.

In recognizing Ann's commitment to reclaiming her identity and her life, Ann's medical caseworker referred her to the Housing for Health Program, a division of the Los Angeles County Department of Health Services, to be considered for placement in permanent supportive housing.

It was not long before Ann met her LifeSTEPS intensive case manager, Estela.

Estela assisted her with applying for General Relief benefits and Medi-Cal while introducing her to her new home. Seeking as much support as possible, Ann agreed to follow up on Estela's referral to the Department of Mental Health Services. Although hesitant at first, Ann engaged with her newly assigned mental health clinical team and was then diagnosed with schizophrenia and major depression. As Ann became more stable in her new housing and behaviors, her case manager assisted her in becoming more financially independent, and assisted her in applying for Supplemental Security Income (SSI).

Today, Ann attends the AltaMed PACE Program twice a week to socialize with other seniors, and visits the Wellness Center twice a week where she participates in yoga, Tai Chi, and cardio exercise classes. With supportive housing bringing better health and stability, Ann was able to stop smoking, and with the support of her new friends and her case manager Estela, Ann continues working toward improving her health.

While life in the streets is in her past, Ann has not forgotten those moments of darkness and fear. Becoming housed has given Ann the opportunity to return to her identity and her dignity. "I have a home," Ann shared. "Thanks to everyone that helped me."

Moving from the streets to permanent supportive housing changes many lives in many ways. Not only can a single individual find their way back from a lost life to a now fulfilling and joyful life, but families can regain lost sisters, neighbors can discover new friends to care for and communities become richer when a lost sheep returns. With plenty of help and even more personal courage and perseverance, Ann has reclaimed her life. Today, after five years housed, she continues to thrive.

## About LifeSTEPS' Housing for Health program

The Housing for Health (HFH) Division at the Department of Health Services (DHS) was created in 2013 with a focus on creating permanent supportive housing opportunities for homeless patients of the DHS system of care. DHS is reinvesting in communities by providing supportive and clinical services to our most vulnerable populations.

Access to community-based housing options is an important element of our evolving county healthcare system, particularly in response to the homeless crisis. As a partner with DHS, LifeSTEPS contracts to provide Intensive Case Management Services (ICMS) for both residents formerly homeless and now housed in permanent supportive housing, as well as individuals still experiencing homelessness and seeking to become housed.

The emphasis of our work is to help those housed maintain their housing and thrive in place while attending to their personal medical needs and learning independent living skills. For those still seeking shelter, our goal is to assist them in becoming eligible for housing and to find appropriate placement throughout Los Angeles county.

Our work provides the necessary support to permanently leave behind the streets and regain human dignity and personal identity while enjoying the security of having a roof overhead.

For more information visit [lifestepsusa.org](http://lifestepsusa.org)





## KICKING OFF 2020

The 2020 legislative year kicked off Governor Newsom's marathon \$222 billion state budget proposal presentation. This budget is slightly larger than past budgets but still keeps the state out of a deficit situation with a healthy rainy-day fund for the next recession. While there were major announcements in the proposal for the aging services field, the governor did reveal the administration's plan for a change in skilled nursing reimbursement methodology to a value-based approach. While there were no details, we believe the intent is to bring more areas of reimbursement out of a cost-based approach to one that focuses on outcomes.

On the federal front, a new CMS rule was proposed just before the holidays that would significantly impact California's exemption from the "Provider Tax" (Quality Assurance Fee). Under the language of the new rule, states (like California) could no longer exempt Life Plan Communities from the Quality Assurance Fee (Provider Tax) simply because they do not take Medi-Cal patients. This is fundamental to the exemption in California. We are working with LeadingAge national and our Congressional Delegation to have this proposed rule withdrawn from further consideration. The loss of the exemption could cost LPC residents more than \$25 million in California. Thank you to all the members who voiced their opposition to this rule.

The policy team continues to monitor legislation that was held over from 2019 as well as watch for new bills which will be introduced through February. For a run-down of the key bills from 2019, check your email - a wrap-up of key bills was sent in December. We will also be reviewing the new laws at this month's RISE Summit in Sacramento, February 10-12, 2020. We hope you will join us to learn about recent changes and also meet with your legislators early in the year before the Legislature reaches its peak frantic schedule.

Also, we are looking for innovators in our field! At this year's Annual Conference, the association will



be recognizing 10 finalists and one winner of our Innovation Showcase Challenge. Details can be found on the conference website by clicking the "Innovation Showcase" tab. **Entries are due by February 29, 2020.**

Be sure to check out our new LeadingAge California Connect page at [connect.leadingageca.org](http://connect.leadingageca.org). This new member benefit is an excellent resource for staying up to date on legislative, regulatory and legal issues impacting your work. Policy staff are available to assist in answering any questions you post. The staff also posts timely information that you will definitely want to access. And be sure to monitor our companion website for this magazine, Engage Headlines, at [engageheadlines.com](http://engageheadlines.com).

We are off to a busy start. I wish you the best and a successful 2020!



### **Questions?**

Contact Eric Dowdy,  
Chief Operating Officer,  
LeadingAge California at  
[edowdy@leadingageca.org](mailto:edowdy@leadingageca.org)





President of Senior Crimestoppers Terry Rooker chats with resident about the program

## Detecting and Preventing Financial Exploitation of the Elderly

by Aimee Leeper, Communications and Marketing Officer, CRwA Partners/Senior Crimestoppers



Stories about the financial exploitation of elders that make the news are ones where the victim has name recognition. Recently we've heard much about Marvel icon Stan Lee becoming the target of financial predators. No less tragic are the abuses that occur to those with less notoriety and wealth. Elder financial abuse is a type of elder abuse in which misappropriation of financial resources or abusive use of financial control, in the context of a relationship where there is an expectation of trust, causes harm to an older person. Reports involving financial abuse of vulnerable and older adults have grown significantly over the past decade. Recent research has found that elder financial exploitation is widespread, expensive, and vastly under-reported.

Fraud happens in a multitude of ways and across all kinds of communities. When looking at statistics, a Bureau of Justice study found that fraud occurred from the misuse of credit cards, bank accounts, newly opened accounts, misuse of personal identification, phone, email and online scams, and mixtures of all of the above. It is vitally important for family members and friends to help with prevention efforts. Senior housing facilities, their residents and caregivers also have a role to play, as they are uniquely poised to observe changes in behavior that

may indicate that someone is being exploited. It helps to be aware of the warning signs. If bills are piling up, if a senior seems upset by unusual charges on credit card statements, or if a change in the physical or mental health of an older adult you know occurs, look into it. Changes in a personality and visits with new friends that don't seem to have the senior's best interest in mind can also be warning signs. Missing valuables are also an indicator. Be wary when a family member or friend blocks others access to a loved one – or if they will not let the older adult speak up for themselves. Calls from debt collectors are also a warning sign that someone could have opened accounts in a senior's name.

The Senior Housing Crime Prevention Foundation has a proven program that educates and safeguards against theft, abuse and neglect. It serves residents, staff, management, family and visitors in nursing homes, assisted living communities, independent living communities, HUD communities and veteran's homes. The program can be funded completely by the banking industry, for qualified facilities, through the Senior Housing Crime Prevention Foundation's CRA Partners program. To learn more, visit [seniorcrimestoppers.org](http://seniorcrimestoppers.org), call 800-529-9096, or email: [info@shcpfoundation.org](mailto:info@shcpfoundation.org).











**1** The 2020 EMERGE Class convened for Session III at MonteCedro in Altadena, Calif.

**2** Baywood Court's Executive Director Bruce Udelf celebrated his retirement. Pictured (L-R): Melanie Ripley, LeadingAge California; Tuan Nguyen, Relation Insurance; Bruce Udelf; Kevin Gerber, Covia; Kevin Tuuaga, LeadingAge California.

**3** LeadingAge California COO Eric Dowdy with Solheim Senior Community's Jim Graunke at his retirement celebration.







**4**



**5**



**6**



**7**

**4** Christian Church Homes (CCH) shared this shot of a group of seniors who completed a digital literacy program at Harrison Senior Housing in Oakland, as part of a project funded by the California Public Utilities Commission (CPUC) and managed in part by CCH.

**5** St. Paul's Towers honored former staff member and longtime resident Eric Hubert with a Lifetime Achievement Award for his outstanding contributions to the community.

**6** A few members of the LeadingAge California team visited with the folks at Sequoia Living.

**7** Residents enjoying tea time at Sunny View Retirement Community.

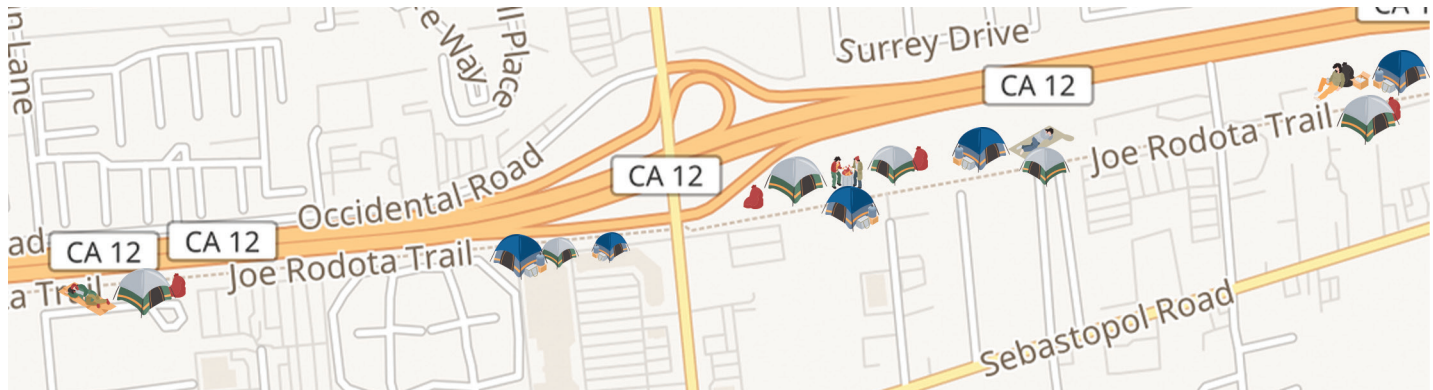
**8** IN2L's President Jack York visited Pioneer House with LeadingAge California on his 60/20 Tour.



**8**



# WHAT'S HAPPENING ON THE JOE RODOTA TRAIL



There are nearly 3,000 people in Sonoma County that are homeless. Two-hundred and twenty of them live on the Joe Rodota Trail, an eight and-a-half mile walking and biking trail that links Santa Rosa to Sebastopol. The situation has reached a crisis level with reports of crime, garbage, drug use and numerous complaints from neighbors and businesses.

The Sonoma County Board of Supervisors is investing \$12 million for the homeless in the county, with a plan to purchase up to six homes, setting up 60 64 square-foot temporary cabins at a county-owned site several miles from services, providing a shuttle to downtown Santa Rosa, and establishing two new indoor/outdoor shelters. The most visible homeless are receiving priority over homeless seniors living in their cars.

Therefore, I wanted to see how many seniors were living on the Joe Rodota Trail. A few weeks ago, my staff and I visited the area to pass out sleeping bags and a total of 200 pairs of socks. I observed people dealing with substance abuse, mental health issues, several pit bulls and unmanaged refuse. There appeared to be very few seniors on the trail.

Later, I was invited to participate in the County of Sonoma stakeholder meeting regarding the homeless crisis on the trail and future indoor/outdoor homeless shelters. Present at the meeting were a wide array of participants, including two men who lived on the trail. Their needs were different than I expected - they said they wanted a tent, not a shelter; that many have substance abuse issues and that shelters (houses) might cause increased security and maintenance issues.

Some seniors on our waiting list don't make enough money to pay rent, and as a result, live in their cars and in shelters. What are we doing for these silent homeless?

There is no one-size-fits-all to solve the homeless issue. Housing First, adopted by the state, is a philosophy that prioritizes housing people who are homeless, but doesn't prioritize seniors, address issues like mental health and substance abuse, or take into account those who might be more successful in independent living, or whether it is even the right solution for that person.

Housing the majority of the people living on the trail in homes without significant oversight and services will result in failure. The Board of Supervisors indoor/outdoor shelters will accommodate those who don't want to live indoors, but the situation on the trail will repeat itself unless there are rules established that residents have to follow, that are enforced, and significant social services are made available 24/7.

Meanwhile, homeless seniors wait.

*Mary Stompe is Executive Director of PEP Housing in Santa Rosa, Calif.*

*Learn more about PEP at [pephousing.org](http://pephousing.org)*





# What inspires you?

Record a 15-second video with your cell phone telling us what inspires you about the work you do in aging services!

*What inspires you to be a better leader?*

*An engaged caregiver?*

*A mentor to your colleagues?*

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Videos will be featured on social media and throughout the LeadingAge California 2020 Annual Conference, "INSPIRE." We want to hear from you!

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Bart Plank (212) 981 6915 [bplank@cainbrothers.com](mailto:bplank@cainbrothers.com)  
Bill Pomeranz (415) 962 2954 [bpomeranz@cainbrothers.com](mailto:bpomeranz@cainbrothers.com)  
Kathy Kirchhoff (562) 264 0300 [kkirchhoff@cainbrothers.com](mailto:kkirchhoff@cainbrothers.com)

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# Protecting Our Seniors: a Path Forward



Earlier this winter, a 79-year old homeless man died from hypothermia on the streets of Washington, DC. I wondered about the circumstances that led to this, undoubtedly, preventable end.

by Alisha Sanders, Director of Housing and Services Policy Research, LeadingAge

Researchers suggest there are a couple common pathways to homelessness for older adults. One is financial insecurity. This isn't too surprising, since 5.7 million older adults across the country, 571,000 of whom live in California, existed below the official poverty level in 2017. This means a single older adult earned under \$980 per month.

According to the Elder Economic Index, Californian older adult renters in good health needs \$2,523 to meet their basic monthly needs, with over half the cost attributed to housing. For an older adult homeowner with a mortgage, it's \$3,135. It's pretty simple to see that many older Californians struggle to meet those expenses and should be no surprise that 33 percent of homeowners age 65 and over and 63 percent of older adult renters are housing cost burdened.

Other older adults have aged while being homeless. Members in the late baby boomer cohort (born 1955-65) have consistently been at higher risk for homelessness over their lifetime. Dr. Dennis Culhane predicts that by 2025,



the largest proportion of the single adult homeless population will be between 65 and 74 years old as this cohort passes into older adulthood.

Chronically homeless older adults have medical ages that exceed their biological ages. Research shows they experience medical conditions and functional challenges similar to those who are 20 years older. They also often have accompanying behavioral health challenges.

Responses to these varied, and sometimes interrelated, paths must be multi-pronged. A key solution, of course, is increasing the supply of affordable housing. We must be pressing for increased funding for HUD programs, particularly rental subsidies, and an expansion of the LIHTC program. States and localities also need to directly invest in housing. We need to bring new allies to the table, like health entities, who benefit directly from the availability of affordable housing to help elevate the importance of housing and push for increased funding.

We also need to promote other mechanisms for expanding affordable supply. We need to increase density and allowances for multi-family developments and opportunities for more diverse housing stock. This will require communities to examine their zoning regulations and proponents to voice their support for such changes. We all know that NIMBYism is a powerful force to overcome, but municipalities are beginning to recognize that something has to change. Minneapolis, for example, just eliminated single-family zoning allowing duplexes and triplexes in all areas and allowed even greater density in certain areas of the city. In another example, some municipalities in the Denver metropolitan region are changing allowances for accessory dwelling units. Municipalities also have to be pressured to establish and, most importantly, enforce inclusionary zoning opportunities. These mechanisms are incremental and won't rapidly create large numbers of new units, but they could help lead to environments that facilitate, rather than hinder, the creation of affordable options.

Down the other path to elderly homelessness, several affordable senior housing providers are seeing chronically homeless individuals move into their communities after they have aged into eligibility. These individuals often are experiencing a host of

physical and behavioral health challenges. While several states and localities have strengthened their wrap-around services for the homeless, particularly through Medicaid programs, we still need to expand the availability of these supports.

Since many new formerly homeless residents experience behavioral health challenges, it's also vital that housing staff at all levels are trained on how to engage with residents who have mental health issues, which can elevate their risk for eviction. After seeing challenges property management staff faced with formerly homeless residents. HumanGood, for example, trained their staff on mental health first aid to help understand mental health issues, why some residents may act the way they are, and better ways to interact with those residents to solve problems and not amplify inappropriate behavior.

These solutions don't provide all the answers and none of them are simple to achieve. But we have to push for them. Because while I don't know anything about the gentleman who died on the streets of DC, I do know that it's something that should never happen to any older adult, or any human being, in this country.

At the federal level, LeadingAge will aggressively seek funding for the creation of new Section 202 communities. Since fiscal year 2017, \$256 million has been appropriated to support the development of new units. After seeing no funding for new construction since fiscal year 2010, these funds were certainly appreciated. However, they don't begin to support the thousands of low-income older adults in need of affordable housing.

LeadingAge will also support initiatives to expand and improve the Low Income Housing Tax Credit program to further create new affordable housing opportunities. To help support vulnerable older adults to thrive in their housing and community, LeadingAge will also be pushing for an expansion of service coordinators in federally-supported housing and for identifying mechanisms for financing housing-based service programs.



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