



THE OLDER ADULT STRATEGY

A Roadmap of Strategic System
Investments to End Homelessness
Among Older Adults in Los Angeles



CONTENTS

3 ACKNOWLEDGEMENTS

4 EXECUTIVE SUMMARY

9 SECTION 1 WHAT SHOULD FUNDERS AND POLICYMAKERS KNOW ABOUT OLDER ADULT HOMELESSNESS?

13 SECTION 2 WHAT'S ALREADY WORKING IN LOS ANGELES AND OTHER JURISDICTIONS?

25 SECTION 3 WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?

- 26 Invest in Large-Scale Advocacy & Communications
- 36 Build Capacity for Community and Strategic Planning
- 46 Pilot, Evaluate, and Scale Programs

52 SECTION 4 LEARN MORE

- 52 Facts about Older Adult Homelessness
- 54 LAHSA's Older Adults Systems Model & Program Matrix
- 59 SPA Cross-Sector Convening Recommendations
- 63 Medi-Cal: Things To Know
- 65 Coalition on Solutions to Older Adult Homelessness: Advancing Master Plan Goals
- 68 Black-led Organizations to Support



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The HFG team has learned that the most effective strategic plans and roadmaps are co-developed and supported by a coalition of partners from beginning to end. While HFG was happy to do our part in the creation of this roadmap, we wanted its structure and ideas to be aligned with the vision of other experts and funders, since this roadmap will shape our collective impact on the system for preventing and ending homelessness among older adults and seniors. Therefore, we acknowledge the contributions of the following organizations in the development of the Older Adult Strategy:

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- Conrad N. Hilton Foundation
- The Corporation for Supportive Housing, CSH
- Health Net
- Housing as Health Care Initiative, UCLA Ziman Center for Real Estate
- John and Marilyn Wells Family Foundation
- Justice In Aging
- Kaiser Permanente of Southern California
- Los Angeles Homeless Services Authority, LAHSA
- Representatives from the City and County of Los Angeles
- Representatives from the City of West Hollywood
- Representatives from the State of California
- SCAN Health Plan
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- Shelter Partnership

The United Way's work on Older Adult homelessness is made possible by the generous support and partnership of Cedars Sinai, which fulfills its vital mission to the community by investing in programs and services to improve the health status of the community.

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We also extend a special appreciation for our Lived Experience consultants who utilize their skills, knowledge, and experiences to drive systemic change to meet the needs of older adults and seniors experiencing homelessness:

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Today's unhoused older adults are part of a generational cohort that has been disproportionately vulnerable to homelessness for decades, and our window to exit them from homelessness is closing.

That is why the Home For Good (HFG) team at the United Way of Greater Los Angeles (UWGLA) is working with our philanthropic, public, non-profit, and private-sector partners to help unify our community around a bold vision of ending homelessness among older adults (i.e. those age 55 and older) and seniors (i.e. those age 65 and older) in L.A. County.

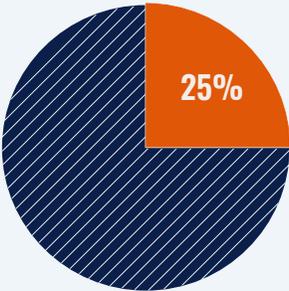
The prevalence of COVID-19 and its disproportionate impact on older adults exacerbates this urgent situation. Fortunately, our local, state, and federal governments have initiated multiple large-scale efforts that prioritize unhoused older adults, and key organizations have been leading major efforts to improve integration between the aging and homeless systems. However, those efforts must be strategically aligned, coordinated, and resourced to be managed effectively.

Therefore, Home For Good (HFG) created this strategic roadmap to help funders and policy makers better understand the crisis and the opportunities to pioneer promising approaches, improve coordination across coalitions, and scale the most transformative, equitable solutions. To support this collective impact approach, HFG received a multi-year grant from Cedars Sinai to

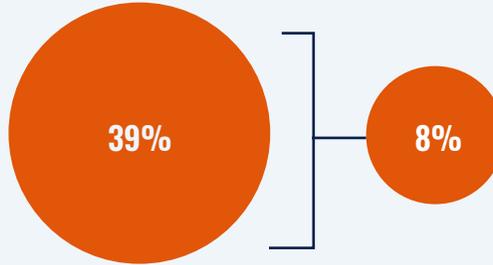
use our policy expertise and philanthropic resources to support integration work, coordinate the development of a cohesive roadmap of strategic system investments, and establish an integrated management model to ensure progress toward ending homelessness among older adults, with particular attention to Black older adults.



KEY FACTS ABOUT OLDER ADULT HOMELESSNESS



Older adults account for **25%** of LA County's homeless population and will be the fastest growing age demographic through 2030.

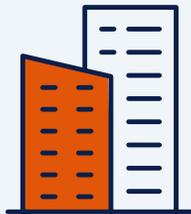


Black and African American people are more over-represented among older adults experiencing homelessness (**39%**) than they are in the general homeless population (33%) despite accounting for only **8%** of the total population in L.A. County.

MANY OLDER ADULTS IN CA EXPERIENCING HOMELESSNESS FOR THE FIRST TIME ARE

50+

The latest research in California shows a large portion of older adults experiencing homelessness are experiencing it for the first time after age 50, and many are related to post-incarceration housing instability.



75%

OF SENIORS IN RENTAL UNITS ARE RENT-BURDENED

In California, over half of the seniors living in rental units are low-income and more than 75% are rent-burdened, spending 30-50% of their income on rent.

WHAT SHOULD WE COLLECTIVELY FOCUS ON RIGHT NOW?



Invest in large-scale advocacy and communications about this once-in-a-lifetime moment.

Given the urgency of older adult homelessness and the narrow window for change, our primary aim is to advocate for expansion of existing entitlement programs and services so that they are immediately more inclusive of older adults experiencing homelessness. Much of this advocacy requires quickly educating the public, policy makers, and funders on why these reforms are necessary and urgent. Philanthropy can support these causes by using its political influence to drive policy changes at the local, state, and federal levels and investing financially in advocacy efforts that target policies that enable Californians to age in place. Increasing awareness of the intersecting issues plaguing our aging and unhoused individuals can help generate public funding, improve services, and address the systemic causes of homelessness thus leading to large-scale public investments to end homelessness.



KEY RECOMMENDATIONS INCLUDE:

- Create more affordable and accessible housing for older adults by supporting the proposals of the United to House LA and Our Future LA Coalitions, including the creation of new permanent funding streams a regional affordable housing finance agency.
- Urge the City, County, and LAHSA to use unprecedented one-time funding from the American Rescue Plan and state budget to implement the Older Adults Pilot with a Housing Allowance for Supplemental Security Income (SSI) recipients.
- Insist the unprecedented ARP resources for eviction relief, property acquisition, and Emergency Rental Vouchers benefit the COVID-vulnerable older adults they were designed to support and protect.
- Help the state save money over the long term by ensuring Medi-Cal finally helps its older adults maintain their housing stability through smart CalAIM reforms, *In Lieu of Services* (ILOS) Provisions, Waiver Programs, and the Home and Community Based Services Spending Plan.
- Modernize SSI to cover the housing cost for vulnerable older adults, because SSI income levels have not kept pace with housing inflation in urban markets like L.A. since 2008.
- Deliver on criminal justice reform for Black older adults transitioning out of incarceration by implementing the Measure J spending plan that focuses on housing, intensive case management, and reintegration to better support Black older adults.

WHAT SHOULD WE COLLECTIVELY FOCUS ON RIGHT NOW?



Build capacity for community/strategic planning and coordination.

A huge component of ending older adult homelessness requires us to ensure we have adequate capacity to effectively bridge the aging and homelessness sectors. This requires us to evaluate all aspects of talent acquisition, retention, relationship building, training, professional development, and to create key positions within the aging and homeless services systems that foster intersectional improvement.



KEY RECOMMENDATIONS INCLUDE:

- Invest in the continuation of SPA-Specific cross-sector convenings between the aging and homeless sectors.
- Routinize thought partnerships between the aging and homeless experts through broad key stakeholder working groups and the genuine, compensated inclusion of people with lived expertise.
- Transition from restricted to flexible funding to build organizational capacity, especially for organizations led by and primarily serving people of color.
- Contribute to the sustainability and effectiveness of the aging and homeless sectors by creating capacity-building grants that focus on staff recruitment and retention.
- Fund creative team-building activities, work retreats, and networking events to fuel teamwork across the aging and homeless sectors.
- Enhance training for providers on older adult street outreach and other aging-related resources.
- Create targeted roles in the community like an Older Adult Regional Coordinator, Older Adult SPA Liaison, Skilled Nursing Facility Liaison, Older Adult Transitions Coordinator, Older Adult Peer Support Specialist, and an Older Adult Benefits Specialist.

WHAT SHOULD WE COLLECTIVELY FOCUS ON RIGHT NOW?



Pilot, evaluate, and scale programs.

Over the past decade, the HFG Funders Collaborative has proven its ability to pilot innovative solutions, study the impact of those pilots, and leverage public and private dollars to bring promising solutions to scale. This collective impact model continues to drive our approach as we seek to impact older adult homelessness. To that end, funders should consider contributions toward pilot programs and interventions that show strong potential to prevent or end homelessness among our older adults and evaluate the impact of those investments for their replication and scaling potential. This roadmap includes several opportunities that the HFG team, and our partners are eager to fund, evaluate, and bring to scale.



KEY RECOMMENDATIONS INCLUDE:

- Support the United Way’s Affordable Housing Initiative to develop small-lot, shared housing models that can be replicated across LA County.
- Fund ongoing research on older adult/senior homelessness through a strong partnership with the Homeless Policy Research Institute (HPRI).
- Streamline and accelerate access to SSI to achieve housing stability for older adults exiting incarceration.
- Develop a culturally competent housing stability assessment for older adults since the medical ages of PEH can often far exceed biological age, and the evolution of someone’s “vulnerability” as they age is not accounted for in current assessment tools.
- Create more flexible funding streams that help older adults exit homelessness to accessible housing.
- Develop an early warning system that triggers housing stabilization resources for older adults who lose a partner/spouse and may need an early intervention to remain housed.
- Optimize Project Homekey sites to create facilities and environments that are beautiful, comfortable, accessible, trauma informed, and therapeutic for older adults.
- Break the linkage between hospitalizations and homelessness by creating strong hospital partnerships that use emergency room care as an intervention point for housing stabilization services.

SECTION ONE

WHAT SHOULD FUNDERS AND POLICYMAKERS KNOW ABOUT OLDER ADULT HOMELESSNESS?

For many years, those on the front lines of homeless services and health care systems have known that the cohort of older adults experiencing homelessness is particularly challenging and expensive to serve with the suite of tools normally available to the homeless services system. Older Adults have more access and functional needs that must be accommodated in facilities that are often inaccessible. They have a higher incidence of under-treated medical issues which are costly to address, and they have a more limited ability to grow their income through employment compared to younger populations experiencing homelessness. To better understand what role funders can have in ending homelessness among older adults, we must understand how homelessness impacts older adults differently than younger people. Factors such as chronic geriatric conditions, intractable poverty, inadequate safety net programs, lack of affordable housing, and housing discrimination fuel the severity of the homelessness crisis among the older adult population, especially Black older adults.

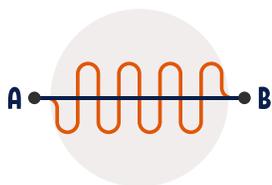
But progress is possible.



Older adults experiencing homelessness are one of the fastest growing populations experiencing homelessness increasing by

68.5%

in the United States between 2007-2017



ONE

It is possible to end older adult homelessness.

We can end older adult homelessness. Like veterans, older adults are categorically eligible for a suite of funded services that, when coordinated, can help older adults avoid homelessness or end it. As a result of COVID-19, all levels of government have unlocked the resources for us to collectively make a major dent in the number of older adults on our streets. We need to take advantage of this moment to buy the buildings, issue the vouchers, enroll the beneficiaries, fix the senior safety net, and staff the system with the people who are unified around a common coordination goal: no older adult should be homeless in L.A.

TODAY'S OLDER ADULTS ARE EXPERIENCING HOMELESSNESS AT HIGHER RATES COMPARED TO OTHER UNHOUSED AGE GROUPS, A WELL-DOCUMENTED TREND THAT IS PROJECTED TO TRIPLE BY 2030.



TWO

For currently homeless older adults, we are running out of time.

Today's older adults are experiencing homelessness at higher rates compared to other unhoused age groups, a well-documented trend that is projected to triple by 2030.¹ In 1980, USC economics professor and demographer, Richard Easterlin, published research highlighting what is now known as the "Easterlin cohort effect". He theorized that individuals born after the peak of the post-war baby boom (1955-1965) are more likely to be economically disadvantaged relative to their predecessors due to economic and social conditions present during the time of their labor market entry. University of Pennsylvania professor, Dr. Dennis Culhane, has explored Easterlin's "cohort effect" relative to homelessness and found that contemporary homelessness among single adults is concentrated among those born in the latter half of the post-war baby boom and in the years immediately adjacent to that period. In Culhane's words, "they represent a generational dislocation that is now prematurely aging and dying." If we want to exit them from homelessness before then, we are running out of time.

¹ Culhane, D., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., & Schretzman, M. (n.d.). [The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?](#)



THREE

Our solutions must confront ageism, racism, ableism, and deep poverty.

Higher rates of poverty for older adults means they are more at risk of experiencing homelessness – and the situation is more acute for Black older adults, who experience higher relative rates of homelessness than any other racial or ethnic group due to generations of systemic racism. For example, Black and African American people represent 33% of everyone experiencing homelessness and 39% of older adults experiencing homelessness despite accounting for only 8% of the total population in L.A. County. Older adults also experience higher poverty rates due to fixed incomes and limited access to employment, another dynamic that is exacerbated by race. For example, the poverty rate for Black seniors (18.7%) is more than double the rate for white seniors (6.9%).^{2,3}

18.7%

POVERTY RATE
FOR BLACK SENIORS

6.9%

POVERTY RATE
FOR WHITE SENIORS

The continued scarcity of affordable housing, combined with housing discrimination and an inadequate basic income, present major

² Cubanski, J., Koma, W., Damico, A., & Neuman, T. (2018). [How Many Seniors Live in Poverty?](#) Henry J Kaiser Foundation.

³ [Black Elders](#). (n.d.). Diverse Elders Coalition.

challenges for older adults to maintain and obtain stable housing. In California, over half of the seniors living in rental units are low-income and more than 75% are rent-burdened,⁴ spending 30-50% of their income on rent.⁵ In L.A., roughly 80% of seniors are rent-burdened. To make matters worse, only 4% of residential units in the U.S. include mobility equipment, and only 1% are wheelchair accessible.⁶ Housing discrimination towards individuals living with disabilities (including older adults) further decreases the likelihood of securing accessible, affordable housing.



FOUR

If we address housing instability, we will improve health outcomes (and save money).

Research indicates that homelessness leads to premature aging and the early on-set of geriatric symptoms among individuals. According to the L.A. County Department of Public Health, “The average age at death was 51 among the homeless and 73 among the general population.”⁷ Additionally, people

⁴ Wallace, S., & Padilla-Frausto, D. (2018). [Health Policy Fact Sheet: More Than Three-Quarters of Low-Income Older Californian Tenants Are Rent Burdened](#). UCLA Center for Health Policy Research.

⁵ According to the U.S. Dept of Housing and Urban Development (HUD), rent-burdened is defined as spending 30% of income on housing costs, and severely rent-burdened as spending 50%.

⁶ [Housing for Seniors: Challenges and Solutions](#). (2017). HUD User.

⁷ Los Angeles County Department of Public Health, Center for Health Impact Evaluation. (2019). [Recent Trends In Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County](#).

experiencing homelessness (PEH) above the age of 50 have higher rates of chronic illness and chronic conditions (e.g., memory loss and fall risk) comparable to adults 15 to 20 years older.⁸ Research has also shown that living on the streets or in congregate shelters can be significantly detrimental to older adults already diagnosed with chronic illnesses and disabilities, and older adults experiencing homelessness accounted for 73% of confirmed COVID-19 deaths among PEH in L.A. County. Furthermore, inadequate housing often impacts the ability for unhoused older adults to manage their health and medication, disrupts proper nutrition and sleep, and leads to surviving in conditions (e.g., inclement weather) that worsen health problems. Fortunately, the best research on homeless older adults in L.A. County found that the cost of housing them would be substantially, if not completely, offset by savings from shelter and healthcare services for the same population.⁹

OLDER ADULTS
EXPERIENCING
HOMELESSNESS
ACCOUNTED FOR

73%

OF CONFIRMED
COVID-19 DEATHS
AMONG PEH IN
L.A. COUNTY

51

AVERAGE AGE
AT DEATH OF
AMONG PEOPLE
EXPERIENCING
HOMELESSNESS

73

AVERAGE AGE
AT DEATH AMONG
GENERAL
POPULATION

⁸ Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel M.B. (2017). [Geriatric Conditions in a Population-Based Sample of Older Homeless Adults](#). *The Gerontologist*.

⁹ Culhane, D., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., & Schretzman, M. (n.d.). [The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?](#)



SECTION 2

WHAT'S ALREADY WORKING IN LOS ANGELES AND OTHER JURISDICTIONS?

Since ending older adult homelessness is both urgent and possible, funders and policy makers must use this roadmap to drive expedited progress at scale. However, we must also account for the work underway at the local, state, and national levels - and we must learn valuable lessons from other jurisdictions that are further along. This section highlights current and emerging work that should be amplified, supported, and tracked by funders and policy makers to ensure alignment and desired impact.



LOCAL

The County is building older adult-focused strategies.

Before the pandemic, L.A. County departments recommended the establishment of an Urgent Housing Initiative focused on older adults experiencing homelessness as part of the County's Comprehensive Homeless Crisis Response Strategy. Once the pandemic heightened the danger and urgency for older adults, the County commissioned a specific framework for an Older Adult Housing Pilot. In a series of three reports, the authors laid out a vision for creating and funding exit pathways for those 65 years and older in L.A. County over the next five years. Unfortunately, the pilot was never implemented due to competing COVID-19 priorities. In the meantime, a coalition of aging and homelessness experts began submitting recommendations to the County Board of Supervisors about how to improve the County's approach to serving homeless older adults which highlighted key opportunities for better integration between the aging and homelessness systems.¹⁰

LAHSA prioritized the urgent needs of Older Adults.

In addition to hiring a full time Older Adults Coordinator with gerontology experience, the Los Angeles Homeless Services Authority (LAHSA) is improving its capacity to focus on ending older adult homelessness. The organization routinely partners with L.A. County and service providers to increase accessibility, create innovative partnerships, and deliver supportive services in interim and permanent settings. LAHSA routinely updates an [Older Adult Dashboard](#) highlighting the demographics, acuity levels, services, lengths of stay, and exit destinations for those age 55 and older experiencing homelessness. They recently used HUD technical assistance to build a [Homeless Systems Program Models Matrix for L.A. Older Adults](#), to help funders understand what to support and help providers understand what they are expected to deliver at scale. In response to COVID-19 and its disproportionate impact on older adults, LAHSA quickly amended its Coordinated Entry System (CES) prioritization and matching policy to prioritize its non-congregate and permanent resources for people who face high risk of death or severe illness from exposure to COVID-19, which includes a lot of older adults and seniors experiencing homelessness. As a

OLDER ADULTS
ACCOUNTED FOR

43%

OF THE PROJECT
ROOMKEY
POPULATION

¹⁰ County of Los Angeles, Chief Executive Office. (2020) [Creating a Comprehensive Plan and Recommendations to Address the Needs of Homeless Older Adults in Los Angeles County](#).

LOCAL

result, older adults accounted for 43% of the Project Roomkey population despite being less than 30% of the general homeless population. In their [COVID-19 Recovery Plan](#) report, LAHSA committed to ensuring all of these older adults get access to permanent housing and do not return to the streets.

The City of L.A. expanded interim and permanent housing for Seniors.

In 2016, voters in the City of Los Angeles approved Proposition HHH, to fund the development of 10,000 supportive housing units throughout the city. As of November 2021, there were over 1,000 units in service and over 6,200 units in the pipeline, and almost 20% of those units are designated for seniors. For the latest on the pipeline of these HHH units, funders can review the [Housing and Community Investment Department progress report](#), which is regularly updated.

In addition to expanding permanent supportive housing for seniors, the city developed its COVID-19 Homelessness Roadmap. The goal of the Roadmap was to partner with the County to create 6,700 “new interventions” largely by April 16, 2021 to avoid a federal judicial order to clear encampments near freeways.¹¹ Those interventions include rapid rehousing subsidies, congregate and non-congregate shelter beds, pallet shelters, safe parking, and some permanent housing that was already in the pipeline — and people experiencing homelessness age 65 and older are among three target populations for those interventions.



PROPOSITION HHH FUNDS THE DEVELOPMENT OF 10,000 SUPPORTIVE HOUSING UNITS THROUGHOUT THE CITY

The Aging and Homeless sectors are improving coordination.

Aging service systems typically focus on care coordination, personal care services to address functional and cognitive impairment, family caregiver support, wellness and socialization, while homeless systems necessarily focus on immediate shelter, street outreach, behavioral health services and housing. If the systems were well coordinated, older adults would have a robust array of prevention, mitigation, and support services available to them, but these systems are not well integrated. Each system was designed to serve a different population with different needs. Moreover, administrative structures and sepa-

¹¹ Oreskes, B. (2020). “Under pressure, L.A. agrees to provide 6,000 new beds to clear homeless camps under freeways.” L.A. Times.



LOCAL

rate funding streams create coordination challenges. To address this integration challenge, the L.A. division of the Corporation for Supportive Housing (CSH) is working with Shelter Partnership, UWGLA, and LAHSA to design and incentivize stronger integration across the aging and homeless systems in each Service Planning Area (SPA). CSH ultimately wants to create a countywide Multi-Disciplinary Team (MDT), modeled after Assembly Bill (AB) 210, for coordination across Los Angeles Aging and Homeless services providers.

Local providers are responding to the needs of aging Black residents.

Several local organizations that are doing incredible work to integrate aging, healthcare, and homelessness systems for Black people experiencing homelessness. Organizations such as [I Did Something Good Today Foundation \(IDSGTF\)](#), [Advocates For African American Elders \(AAAE\)](#), [Healthy African American Families II \(HAAFII\)](#), and [Arming Minorities Against Addiction & Disease Institute \(AMAAD\)](#) were all founded in response to the growing needs of the Black community in Los Angeles. Over the last few months, we have met with these organizations to discuss areas of collaboration and ways philanthropy can support their work.

The IDSTF focuses on combating older adult isolation by offering programming that promotes intergenerational connections such as their “Adopt A Grandparent” and “TAYs and Grays.” This intergenerational approach is crucial to



LOCAL



LOCAL PROVIDERS FOCUSED ON NEEDS OF AGING BLACK RESIDENTS

[I Did Something Good
Today Foundation](#)
(IDSGTF)

[Advocates For African
American Elders](#)
(AAAE)

[Healthy African
American Families II](#)
(HAAFII)

[Arming Minorities
Against Addiction
& Disease Institute](#)
(AMAAD)

[Los Angeles Reentry
Regional Partnership](#)
(LARRP)

breaking down silos and has also shown to benefit the entire community. AAAE engages in community outreach and informs policymakers on healthy aging issues impacting African American seniors in Los Angeles. HAAFII and AMAAD Institute focus on promoting health equity and providing services that address the health and housing needs of the Black community, especially older adults and seniors.

We also connected with the [Los Angeles Reentry Regional Partnership](#) (LARRP), a network of public, community, and faith-based agencies and advocates working to meet the needs of the reentry system of agencies, communities, and people in capacity and public policy. LARRP is well connected throughout the county and has existing partnerships with 211 and the Office of Diversion and Reentry. Given that one of our primary areas of focus is older adults exiting incarceration, we felt that establishing a partnership with LARRP could lead to connections with other organizations working toward the same goals.

Our team intentionally sought out smaller non-profit organizations that show great potential for ending homelessness among older adults through their current programming but are often overshadowed and in constant competition with larger, widely known non-profits. These organizations can grow their programs, expand their outreach, and increase their staff size with adequate funding.

We wanted to highlight these organizations in our roadmap to bring more attention to the important work that they are leading. We also wanted to uplift organizations that primarily serve the Black community and are overseen by Black leadership. Learning about and meeting with these organizations validated the importance of accessible and culturally competent services.

See the [Learn More](#) section of this roadmap for additional information on these organizations and ways you can support them.

STATE

CA is about to spend an unprecedented amount on homelessness.

The \$263 billion state budget for the fiscal year that began July 1, 2021 contains unprecedented investments to prevent/end homelessness and should fuel optimism for anyone interested in ending homelessness among CA older adults. First, it extended Medi-Cal health insurance to undocumented Californians 50 years and older and agreed to remove the Medi-Cal [asset test](#), which often forces older adults and people with disabilities to spend down their savings to qualify for coverage. Those two provisions could get 250,000 more Californians covered. Second, it allocates \$12 billion to combat homelessness over the next two years — the largest funding in the state's history and another \$2 billion to fund shovel-ready affordable housing projects. Finally, the Governor and legislators extended the state's eviction moratorium through October 1, 2021 in order to allow time to fully expand \$5.2 billion in federal rent relief on Californians at risk of homelessness due to hardships from the pandemic.

TWO KEY PROVISIONS
IN THE 2021 STATE
BUDGET COULD
GET **250,000** MORE
CALIFORNIANS
COVERED

Medi-Cal Reforms have the potential to change homeless services forever.

As one of the primary entitlement programs for low-income older adults and people with disabilities, Medi-Cal is critical to any solutions to older adult homelessness. California's attempt to update Medi-Cal to better meet the needs of those experiencing homelessness is occurring through the Advancing and Innovating Medi-Cal (CalAIM) initiative. This multi-year initiative is attempting to reform the program, lower costs, and achieve better outcomes with three primary goals:

1. Identify and manage Medi-Cal member risk and need through [whole person care](#) approaches and addressing [Social Determinants of Health](#), of which stable, safe housing is key;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

The state formally released the CalAIM proposal in October 2019, but postponed implementation due to COVID-19. The state released a revised CalAIM



proposal on January 8, 2021. At present, the HFG team and our partners are concerned that key provisions of CalAIM will be withdrawn or scaled back, which may significantly limit CalAIM's impact on older adult homelessness. More specifically, our concern is that MCOs may opt out of critical services such as housing transition navigation and tenancy and sustaining services that would further assist older adults exiting from homeless to age in place in a community setting.

Recent American Rescue Plan Act funding from the federal government has significantly enhanced funding for Home and Community Based Services,¹² including explicit encouragement from the Centers for Medicare & Medicaid Services (CMS) to states to use the funding to provide housing placement and tenancy support services to people who are homeless or formerly homeless. Concerningly, state messaging regarding its intended Medi-Cal reforms have indicated that a plan for extended housing support services for homeless adults will not be available until 2024, citing in part capacity limitations among homelessness assistance providers and Managed Care Plans, and routine delays at CMS. State reform efforts in this area are a “moving target,” and continued observation and analysis are warranted as advocates and policymakers work through proposals that will significantly impact the HFG strategy and Roadmap for ending older adult homelessness.

The Master Plan for Aging is targeting older adult homelessness.

In June 2019, the Governor ordered the creation of a [Master Plan for Aging](#) (MPA), which called for a “blueprint” for state and local government, the private sector, and philanthropy to prepare California for the coming demographic shifts and their impacts on aging, disability, and equity. The Master Plan outlines five goals and twenty-three strategies to build a “California for All Ages” by 2030. It also includes a data dashboard to measure progress and a local playbook to drive partnerships that help deliver on stated goals.

The MPA targets the rapidly growing population of 60 years and older in California. The plan acknowledges that aging is continuously evolving. While typically, aging is viewed as a late stage in life, the plan views aging across the lifespan



MASTER PLAN FOR AGING KEY GOALS

1. Housing for All Stages & Ages
2. Health Reimagined
3. Inclusion & Equity, Not Isolation
4. Caregiving That Works
5. Affording Aging

¹² Centers for Medicare & Medicaid Services. (2021). [CMS Issues Guidance on American Rescue Plan Funding for Medicaid Home and Community Based Services.](#)

SECTION 2 | WHAT'S ALREADY WORKING IN LOS ANGELES AND OTHER JURISDICTIONS?

inclusive of communities of *all* ages. The five goals outlined in the MPA not only focus on issues affecting older adults such as housing and healthcare, but also propose strategies that benefit the entire community, laying out a foundation for generations to come. A key component of the first goal is the creation of more housing options for older adults, but actions are expected to be phased in over the next ten years.

MPA GOAL 1: HOUSING FOR ALL AGES AND STAGES.

The aim of this goal is to ensure affordable, accessible, and equitable housing for all by creating: more housing options, accessible transportation, outdoor community spaces, and climate and disaster readiness. Achieving this involves identifying and assessing ways to increase production of housing models, such as accessory dwelling units (ADUs), expand Adult Family Homes to include the broader older adult population, and the modification of homes to meet the functional needs of older adults. Proposed housing options include homes fit for multigenerational families and caregivers and new models that enhance residential communities by providing services. Furthermore, it involves evaluating current housing policies and eliminating those that are discriminatory to promote equity, especially within home ownership, since Black and Latinx seniors are more likely to be renters. This, of course, would require significant advocacy.

MPA GOAL 5: AFFORDING AGING.

Of all the goals, this one specifically speaks to preventing and ending older adult homelessness. More and more older adults are having to rely on Supplemental Security Income (SSI) to support themselves due to decreases in retirement savings, private pensions, and/or years of working at jobs with lower earnings, or jobs that did not count toward social security retirement earnings such as unpaid family caregiving and domestic work. The latter affects women, and women of color, disproportionately. Due to this, many older Californians are at-risk or currently living in poverty. In California, 20% of all people 65+ are living in poverty with BIPOC older adults experiencing poverty at twice that rate, and we are seeing an increase of Black older adults experiencing homelessness. To address this, the MPA calls for an expansion of current programs that provide housing assistance to select categories of older adults, such as HomeSafe and the Housing and Disability Advocacy Program (HDAP/SSI), assessment of IHSS housing plus models, and the development of a network of housing, like HomeKey, that also provide supportive services on-site. Recognizing that older adults living on low, fixed incomes are unable to afford the high cost of rentals, the MPA calls for continued advocacy around an increase in SSI/SSP and Cash Assistance Program for Immigrants (CAPI) to match the needs of older adults living in poverty.¹³ Strategies also include assessing for gaps within SSI for diverse workers such as caregivers and farmworkers.

¹³ The California Housing Partnership, [2020 Los Angeles County Older Adults: Housing Needs Report](#)

NATIONAL

COVID-19 dramatically increased the level of Federal resources.

The COVID-19 pandemic has brought unprecedented federal resources to bear in the fight to keep people housed, bring older adults safely inside, and get people connected to one-time Emergency Housing Vouchers. But this level of federal investment is more of a late down-payment than a game-changing wind-fall. For years, the federal government has been ignoring the scale of the housing crisis, underfunding entitlements, and targeting older adult homelessness through the lens of “chronic homelessness.” The results are obvious: we have not ended chronic homelessness and we continue to see alarming rates of older adult homelessness.

The most progress this country has made in the fight to end homelessness has been focused on veterans, whose military service triggers eligibility for services and benefits only available to this population. Progress on veterans reveals that it’s possible to leverage ongoing federal assets to make a significant impact on a subpopulation of people experiencing homelessness, and older adults should be the next target population. Similar to veterans, aging triggers eligibility for services and supports that can help people get the healthcare, income, and support they need to age in place. But the federal government needs to fully fund the Housing Choice Voucher Program and make sure that our largest safety net programs for impoverished older adults, SSI and Medicaid, are updated to be more effective interventions in the fight to prevent and end homelessness among older adults and those with disabilities that create or exacerbate housing instability.

THE FEDERAL GOVERNMENT NEEDS TO FULLY FUND THE HOUSING CHOICE VOUCHER PROGRAM AND MAKE SURE SAFETY NET PROGRAMS LIKE SSI AND MEDICAID ARE UPDATED TO BE MORE EFFECTIVE INTERVENTIONS



OTHER MAJOR U.S. CITIES ARE LEADING THE WAY.

The HFG team spent significant time meeting with representatives from other major cities about the efforts to end older adult homelessness. Particularly, we wanted to learn about strategies, initiatives, policy recommendations, successes, and challenges.



BOSTON, MA

In 2016, Boston first piloted [“housing surges”](#) as a strategy to streamline and accelerate the housing process for unhoused older individuals. These “housing surges” are hosted in partnership with the Boston Housing Authority (BHA), Medicaid office, and the Executive Office of Elder Affairs. What sets these events apart from typical housing fairs is that housing offers, and supportive services enrollment are offered on site. These events are the first of its kind in the state of Massachusetts to bring together housing and Medicaid-funded services.

WHAT IS A “HOUSING SURGE?”

These events bring a vast array of resources under one roof in order to connect individuals experiencing homelessness with housing and services. Unlike housing fairs, housing surges not only provide information, but also enroll individuals in supportive service programs and make housing offers on site.

The successes of these events relied on key strategies that were tailored specifically to the older adult (age 50+) population, including on-site individualized housing offers and coordinating healthcare services. The BHA sets aside a certain number of housing units dedicated to chronically homeless older adults, as well as a certain number of tenant-based vouchers for those who do not qualify for a BHA unit. BHA unit eligibility is pre-determined by MassHealth who can access to the city’s list of people experiencing homelessness. Attendees are paired with a volunteer who assists them with navigating the different resource booths at the event. Each attendee is provided with a custom “passport” that details the resources they are eligible to enroll in including aging and healthcare services. The most enticing component of these surges is that attendees leave with a new address in hand.



NEW YORK, NY

In 2017, New York City (NYC) launched an ambitious housing initiative, Seniors First, with the goal of serving 30,000 senior households (age 62+) by 2026. The city projected a 40% increase of seniors aged 65 and over between the years 2010 and 2040 resulting in 400,000 additional seniors in need of housing. Many of the seniors would be low-income, rent-burdened, and living on a fixed income. This initiative consists of three key strategies focused on aging in place, developing new senior housing on New York City Housing Authority (NYCHA) land, and preserving senior affordable housing.

The city conducts assessments of existing affordable housing units to ensure their accessibility for people living with disabilities as well as seniors who prefer to age in the homes and communities of their choice. Home modifications are made accordingly with the goal of serving up to 15,000 senior households. This strategy builds on the preservation component of the initiative which targets an existing inventory of senior affordable housing including 170 buildings created through the HUD section 202 program.

The Senior Affordable Rental Apartments (SARA) Program, based out of NYC's Housing Preservation Development department, offers low-interest loans to support the construction and renovation of affordable senior housing. This subsidy is paired with other private and public funding including private institutional lenders, city development programs, state tax credit programs for low-income housing. Eligible borrowers include non-profit, for-profit, and joint venture entities with prior experience with low-income senior housing. Funding covers costs associated with new construction, renovation, or preservation, and may be used to cover eligible capital costs.

Tenant eligibility requires that the household consists of at least one senior (age 62+) with incomes up to 60% of the Area Median Income (AMI). Units that are set-aside for homeless individuals are available to households where at least one member is aged 55 years and older. Projects funded through SARA are required to set aside 30% of units for homeless individuals referred by city or state agencies. Housing sites offer supportive services that are funded through city, state, or federal dollars.

WHAT CAN WE LEARN FROM BOSTON AND NEW YORK?

Boston's "housing surges" are an example of the importance of coordination among state, county, and city agencies. This approach can be easily replicated in Los Angeles to increase the number of older adults and seniors matched to permanent housing. Successful execution of such events in L.A. would require collaboration among agencies, such as LAHSA and the housing authorities, to secure set aside units to be offered on site. Additionally, organizations that serve the senior population, such as multipurpose senior centers, health providers, and non-profits would be a part of these events to connect attendees to aging resources.

Like New York, Los Angeles is also investing in the preservation of existing- or development of- new senior affordable housing. The [L.A. ADU Accelerator Program](#), for example, pairs low-income older adults with homeowners willing to provide a stable home by offering their accessory dwelling units (ADUs) as rentals. However, unlike New York, several of the preservation programs in Los Angeles are on a smaller scale. Although Proposition HHH is very ambitious, Los Angeles needs an even larger-scale, multi-year initiative to preserve or construct affordable housing that takes into account the growing number of older adults currently experiencing or at-risk of homelessness.



SECTION THREE

WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?

By 2025 there will be approximately 36,000 people aged 55 and older experiencing homelessness in L.A, and the annual shelter and healthcare cost is projected to reach \$540 million dollars – an 80% increase from 2011. While the data is alarming, the good news is that philanthropy can play a role in significantly decreasing these numbers by investing in strategies that integrate multisectoral systems rather than enforce a siloed approach to addressing aging and homelessness.

Historically, ending homelessness for older adults has not been a funding priority for philanthropy. This population has taken a back seat to the chronically homeless, veterans, youth, and families, and the result is a rapidly growing older adult population with significant unmet needs. The vulnerabilities of this specific cohort make them more susceptible to inescapable poverty, homelessness, and chronic health conditions which raise the cost of care. So where should funders and policy makers be investing right now to drive down those costs and improve outcomes?





WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?



INVEST IN LARGE-SCALE ADVOCACY & COMMUNICATIONS.

Given the urgency of older adult homelessness and the narrow window for change, our primary aim is to advocate for expansion of existing programs and services so that they are immediately more inclusive of older adults experiencing homelessness. Much of this advocacy requires quickly educating the public, policy makers, and funders on why these reforms are necessary and urgent. Philanthropy can support these causes by using its political influence to drive policy changes at the local, state, and federal levels and investing financially in advocacy efforts that target policies that enable Californians to age in place. Increasing awareness of the intersecting issues plaguing our aging and unhoused individuals can help generate public funding, improve services, and address the systemic causes of homelessness thus leading to large-scale public investments to end homelessness. The following are advocacy and communications ideas that we believe philanthropy should prioritize right now.

OUR FUTURE L.A. ADVOCACY GOALS

1.

Help people stay in their current homes by fully funding a countywide right to counsel and by supporting renters at risk of losing their housing.

2.

Allow the speedy construction of affordable homes near mass transit and jobs without displacing existing renters or segregating our population.

3.

Ensure older adults can stay in their communities as they age by ensuring neighborhoods have sufficient public and private investment.

4.

Create an independent, county-wide housing solutions agency.

Create more affordable and accessible housing for older adults.

We cannot end homelessness for older adults (or anyone else) without more housing, and that housing needs to be accessible to people with access and functional needs. The affordable housing crisis and rampant speculation have gotten so out of hand that lower-income Black and Latinx older adults are being pushed out of their homes and communities at an alarming rate. It is safe to say, across L.A. County, the housing market has utterly failed to meet the housing needs of the majority of our county residents. That is why the HFG team encourages all funders and policy makers to join the [Our Future L.A. \(OFLA\)](#) coalition to create an L.A. where people can age in place with dignity. OFLA has four advocacy goals worth supporting. First, help people stay in their current homes by fully funding a countywide right to counsel and by supporting renters at risk of losing their housing. Second, allow the speedy construction of homes near mass transit and jobs, affordable to people at all income levels, without displacing existing renters or segregating our population. Third, ensure older adults can stay in their communities as they age by ensuring all neighborhoods have sufficient public and private investment. Finally, create an independent, county-wide housing solutions agency. Taken together, these measures will create a regional, unified approach to protecting our aging renters and creating more affordable older adult housing across L.A. County, with dedicated public and private funding at the scale the challenge requires.

HFG also encourages all funders and policy makers to join the United to House LA coalition to create the Los Angeles Program to Prevent Homelessness and Fund Affordable Housing, which will be the most comprehensive set of homelessness and housing policies in the history of the City of Los Angeles. Among other provisions, the proposed measure includes income assistance to rent-burdened, Acutely-, Extremely-, and Very Low-Income Households containing seniors (aged 65 years and above) and/or persons with disabilities at-risk of becoming homeless, designed to assist such households in avoiding displacement from their homes.



Urge the City, County, and LAHSA to implement the Older Adults Housing Pilot.

Like Boston's "housing surge" concept, this proposed (but not implemented) pilot requires setting aside targeted housing resources for the 65+ population that the Coordinated Entry System (CES) could match clients to. The pilot would begin with a base population of almost ~5,000 PEH age 65+ and forecasted that population to grow through 2027 with 1,700 - 2,300 new clients each year.¹⁴ To exit 30% of the first year's cohort from homelessness, the pilot proposed adding a "Housing Allowance" to supplement their SSI payment and empower them to exit homelessness on the open rental market. Another 10% would be exited through a new pathway called Enriched Residential Care, which is a higher level of care than the homeless system currently plans for. The rest would exit homelessness through more traditional pathways like Perma-

nent Supportive Housing or with subsidies from the Housing Choice Voucher or Emergency Housing Voucher programs. The proposed pilot intentionally excluded Rapid Re-housing as a viable exit pathway for older adults given their limited ability to grow their income through employment. To achieve long-term funding support from Medi-Cal and Medicare, the pilot program would need to evaluate the impact of housing on health outcomes and spending and align with current Medi-Cal reform efforts.



OLDER ADULTS HOUSING PILOT KEY GOALS

- Begin with population of 5k PEH 65+
- Exit 30% of first year's cohort
- Create new Pathway called Enriched Residential Care

¹⁴ Dennis Culhane, Andy Perry, Max Stevens, Dan Treglia, Randall Kuhn, "A Roadmap for Phased Implementation of an Older Adult Housing Pilot in Los Angeles County, September 21, 2020.

Insist the American Rescue Plan resources benefit COVID-vulnerable older adults.

In March 2021, the Federal government passed the \$1.9 trillion American Rescue Plan (ARP) Act as an additional response to the COVID-19 pandemic. Previous responses included the \$2.2 trillion CARES Act and the \$2.3 trillion Consolidated Appropriations Act. Among its many provisions, ARP contained at least three components critical to preventing and ending older adult homelessness. First, the act included \$22 billion in Emergency Rental Assistance, which is being used by the State of California and the City of LA, in combination with eviction moratoria, to prevent tenants from losing their housing due to non-payment of rent. Second, ARP included \$5 billion in HOME funds to be used toward the acquisition of property to increase the availability of interim and permanent housing for people experiencing homelessness. Third, ARP included \$5 billion to fund Emergency Housing Vouchers (EHVs), which resulted in L.A. jurisdictions getting almost 7,000 tenant-based subsidies to permanently end homelessness. The HFG team has been working alongside local policy makers and advocacy groups

to ensure all these resources target older adults and seniors to the maximum extent possible.

This is the moment to advocate for the prioritization of older adults experiencing homelessness in the acquisition of property, the targeting of rental relief, and the allocation of the EHVs. The vouchers are particularly helpful because they ensure that older adults experiencing homelessness are able to “age in place,” in the home of their choice while receiving appropriate support and care. Local Continuums of Care (CoC) and Public Housing Authorities (PHA) should be pairing the vouchers with age-related services such as in-home care, housing stabilization, and tenancy sustaining services, as proposed in the [California Advancing and Innovating Medi-Cal \(CalAIM\)](#) initiative. This strategy calls for CoCs and PHAs to enter into an agreement with community-based organizations that can provide supportive services to those granted EHVs.

THE ARP ACT BY THE NUMBERS

\$22 MILLION

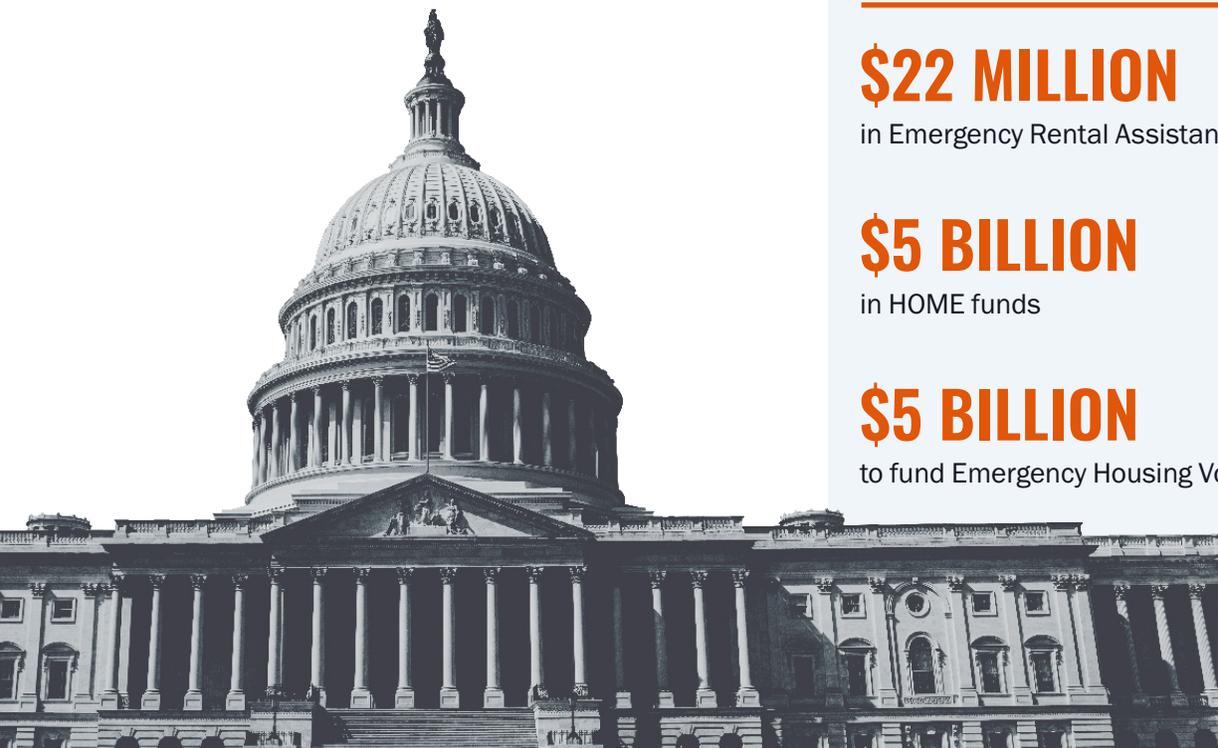
in Emergency Rental Assistance in CA

\$5 BILLION

in HOME funds

\$5 BILLION

to fund Emergency Housing Vouchers



Ensure Medi-Cal helps its older adults maintain housing stability.

There are three major areas where state-level advocacy and communication can make a huge impact on getting better health (and housing) outcomes for older adults experiencing homelessness in L.A.:

1. CalAIM In Lieu of Services (ILOS) Provisions;
2. Medi-Cal Waiver Programs; and
3. the Home and Community Based Services Spending Plan.

1. CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL INITIATIVE (CALAIM)

One key component of CalAIM is the establishment of an Enhanced Care Management (ECM) benefit that requires Managed Care Plans (MCPs) to address the clinical and non-clinical circumstances of high-needs Medi-Cal beneficiaries (e.g., older adults experiencing homelessness). The HFG team fully supports this reform provision.

Another key component is the implementation of an optional provision called in lieu of services (ILOS), which are flexible wrap-around services that an MCP can voluntarily substitute instead of other covered (higher cost) services. Under this proposal, MCPs are highly encouraged to offer one or more from a list of fourteen services that include housing-based services such as housing transition navigation, housing deposits, and housing and sustaining services. Other services proposed include community transition services, personal care, home modifications, and meal delivery. For example, an MCP could choose to provide personal care and home-maker services to avoid a skilled nursing facility admission.

From our perspective, the proposed services listed in the menu for ILOS are cost-effective alternatives that can effectively substitute for Medi-Cal covered services while achieving better outcomes. However, since the pre-approved ILOS are at the discretion of the MCP, we want to ensure that MCPs make informed decisions as they select services, opting for services that would maximize stabilizing those at risk of homelessness, and providing housing-based services (i.e., housing navigation, tenancy sustainability), and in-home support. We can achieve this by convening stakeholders and experts to provide input and feedback to MCPs as they develop their ILOS implementation plans. This would require collaborative participation in strategic planning efforts with MCPs as they revise ILOS eligibility criteria to ensure that homeless older adults with highest needs are prioritized. It is worth noting that HFG along with many advocates are instead advocating for a defined set of housing supportive services within CalAIM, thus maximizing the options permitted for federal Medicaid reimbursement.

2. MEDI-CAL WAIVER PROGRAMS, ASSISTED LIVING WAIVER

Since Medi-Cal waivers are not deemed a universal benefit, the state has the ability to target specific populations and geographic areas and decide on the number of people they will service. In California, for example, the Assisted Living Waiver (ALW) is only available in 15 counties including Los Angeles. Across these counties, there are 377 ALW-approved assisted living facilities with a total capacity of 16,802 beds. As of August 2020, the waitlist for the ALW was nearing 5,000 people. This program has the potential of serving a greater number of individuals, especially older adults experiencing homelessness, but lengthy approval process, enrollment caps, waitlists, and provider capacity pose as barriers.

Our team, along with a group of experts on Medi-Cal and waiver programs, identified the following advocacy points that we believe would help maximize the ALW to better serve the needs of older adults experiencing homelessness:

- Increasing number of waiver slots
- Prioritizing older adult homelessness
- Streamlining enrollment and approval process
- Expanding ALW waiver utilization for use in supportive housing

Our workgroup submitted recommendations to DHCS in September 2021 as a part of the Home and Community-Based Alternatives (HCBA) Renewal 2022. While the HCBA waiver focuses on higher acuity seniors living with physical disabilities, our team saw several potential benefits of merging the ALW with the HCBA waiver. First, the potential merger would create a more streamlined process to enrollment, thus improving accessibility for beneficiaries and providers. Second, the merger would expand the ALW statewide through the HCBA infrastructure. Third, the HCBA allows for seniors to remain in their homes and covers costs associated with home modification, technology, and family caregiving training. Incorporating elements of the HCBA with the ALW could potentially allow its use in other settings not otherwise deemed a RCFE, such as supportive housing.



INNOVATIVE PARTNERSHIPS

Project RoomKey and Libertana

Innovative partnerships formed during the peak of the COVID-19 pandemic sought to streamline enrollment and placement for our most vulnerable people experiencing homelessness residing in Project RoomKey (PRK). For example, the L.A. County Department of Health Services (DHS) partnered with Libertana, a care coordination agency, to provide Project RoomKey residents assistance with enrolling clients, assessing clients using the ALW Assessment Tool, determining each client's level of care, developing individualized service plans, and arranging for services as determined necessary by the individual assessment. Many of these services would not have been made available to clients residing in PRK and so, we see the added value to these integrated strategic partnerships.

3. HOME AND COMMUNITY-BASED SERVICES (HCBS) SPENDING PLAN

In July of 2021, the Department of Health Care Services (DHCS) released its initial HCBS Spending Plan projection and narrative for home and community-based services. The plan includes 30 initiatives and a budget of \$3 billion¹⁵ in enhanced federal funding to address the following categories of services:

- Workforce: Retraining and Building Network of HCBS Direct Care Workers
- HCBS Navigation
- HCBS Transitions
- Services: Enhancing HCBS Capacity and Models of Care
- HCBS Infrastructure and Support.

The included initiatives expand transitional services to populations or settings by providing individuals with support as they transition from institutions or provider-operated living arrangements (i.e., homeless shelters) to community-based, independent

living arrangements. Furthermore, this proposal targets the health care delivery needs of older adults, people with disabilities, and people experiencing homelessness. Target populations include those transitioning out of homelessness, from incarceration to home or residential programs, and offers diversion for those at-risk of incarceration because of their behavioral health needs, all of which are populations that are at the center of our roadmap. We are in full support of the initiatives outlined in the HCBS spending plan as they closely align with our advocacy efforts directed at DHCS. Of relevance to our work are the HCBS Transitions initiatives:

- Community Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations
- Eliminating the Assisted Living Waiver Waitlist
- Housing and Homelessness Incentives Program
- Community Care Expansion Program

For an in-depth description of the HCBS Transitions initiatives, see the [Learn More](#) section.

¹⁵ Since some portions of the additional Federal Medical Assistance Percentages (FMAP) of the \$3 billion are eligible for a federal match, the total is actually \$4.2 billion. This covers one year of additional funding that must be spent by 2024.

ADVOCACY APPROACH TO MEDI-CAL

Housing and aging providers, advocates, and disability rights advocates are currently advocating for the expansion of Medi-Cal services through different funding streams at the state-level via CalAIM ILOS, the HCBA Renewal, the HCBS Spending Plan, and the California state budget (Master Plan For Aging). All recommendations closely align with our efforts which call for the prioritization of homeless older adults, increasing the number of waiver slots and elimination of waitlists, improved access to services,

the use of HCBS waivers in less restrictive settings, and the explicit inclusion of housing-based services and in-home supportive services. Advocacy at this scale requires extensive collaboration with multiple experts in the field. To strengthen our advocacy efforts, the HFG team has been a part of several pivotal work groups in the last year including the Coalition on Solutions to Homelessness Among Older Adults: Advancing Master Plan Goals led by CSH. See [Learn More](#).

Modernize SSI to cover housing costs for vulnerable adults

A majority of the unhoused people in Los Angeles County, and all of the people who experience chronic homelessness, are either over 65 or have a disability, and the income safety net for them is fundamentally broken. Supplemental Security Income (SSI), and the corresponding State Supplement Program (SSP), were established to be the cornerstone of the federal-state safety net for vulnerable adults. It was launched 50 years ago and was not designed to absorb the dramatic changes in the housing market wrought by growing income inequality. Demand by higher income households has driven up rents and spurred conversions of properties that previously served the lowest income people — and SSI/SSP payment amounts have not kept pace.

Most fundamentally, SSI income levels have not kept pace with housing inflation in urban markets, and L.A. is no exception. As you can see in Chart A, the federal share of SSI is increased annually based on the

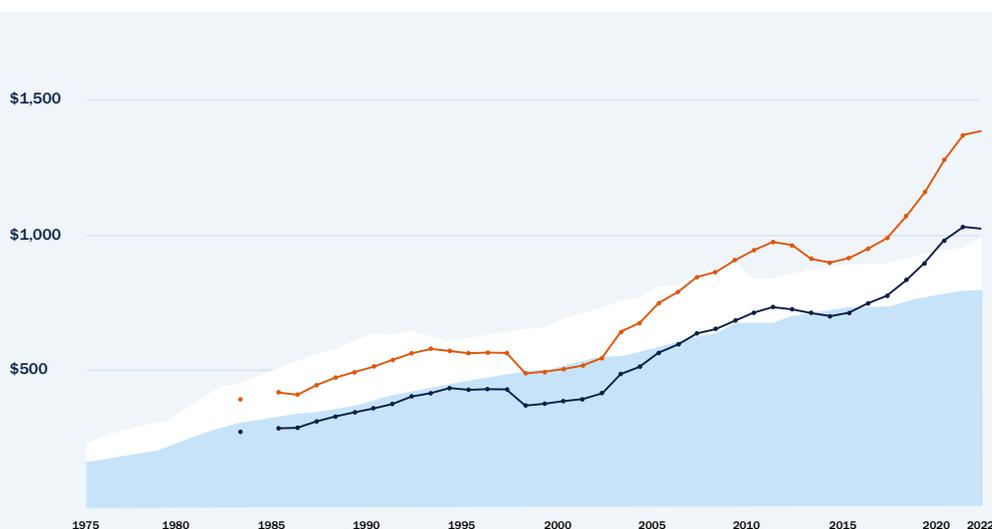
national Consumer Price Index (CPI), but this fails to capture regional housing market price increases, and the growing burden of housing costs on recipients of SSI. Furthermore, state supplements are not pegged to inflation, so they have lost ground to inflation over the last several decades. As a result, the maximum combined entitlement has not covered the cost of a Los Angeles studio apartment since 2008 and has not covered the cost of shared housing since 2019.

In addition to the woefully inadequate amount, the SSI program and its onerous application process is almost designed to screen people out, leaving too many people left to navigate around the safety net instead of through it. That's unacceptable. No homeless re-housing programs can substitute for securing vulnerable adults' basic rights to adequate safety net assistance. What can and should be done is to fix the safety net directly.

CHART A: SSI/SSP AND FAIR MARKET RENTS 1975-PRESENT

California's SSI/SSP program has not covered the cost of a Los Angeles studio apartment since 2008, and has not covered the cost of shared housing since 2019.

● HUD Fair Market Rent for Shared Housing ● HUD Fair Market Rent for an Efficiency ○ State Supplemental Payment (SSP) ● Federal SSI



THEREFORE, GIVEN THE UNPRECEDENTED STATE AND FEDERAL RESOURCES AVAILABLE OVER THE NEXT TWO FISCAL YEARS, URGENT ADVOCACY AND COMMUNICATIONS EFFORTS ARE NEEDED TO FIX THE SAFETY NET ON MULTIPLE FRONTS:



AT THE LOCAL AND STATE LEVEL:

1. Accelerate Access to SSI/SSP: Use the \$220M per year in additional Medi-Cal Home and Community Based Services funding, and \$150M in Housing and Disability Advocacy Program (HDAP) funding to accelerate access to SSI/SSP, Medi-Cal, and CalFresh for a large number of vulnerable adults, and leverage HDAP and Medi-Cal-funded services to connect those beneficiaries to housing.

2. Create a new Housing Allowance Guarantee: Use the state's flexible Homeless Housing, Assistance and Prevention (HHAP) Grant Program to create a new Housing Allowance Guarantee worth \$600-\$800 per month for SSI/SSP enrollees whose combined benefit is insufficient to access housing and who cannot access the HDAP program.

3. Permanently Increase the State Supplement: In the long run, the State should increase the base per person per month SSP payment by at least \$500 per month for SSI recipients, use the Elder Economic Index to set SSP payment rates so older and disabled adults can afford housing and other basic necessities, and put an annual Cost of Living Adjustment for SSP into state law.

4. Prove these SSI/SSP reforms can end homelessness for challenging sub-populations:

Philanthropy can work with the public sector to develop multiple pilots across the state that attempt to address the unique needs of specific sub-populations (e.g., incarcerated older adults or older adults with Serious Mental Illness or Substance Use Disorder), evaluate these reforms, and prove the viability of separate state programs for targeted sub-populations.



AT THE FEDERAL LEVEL:

1. Pass the SSI Restoration Act: If enacted, the proposed bill would help keep SSI recipients from being trapped in poverty, would simplify the process, expand resources and income limits, set the minimum benefit at 100% of the federal poverty level, and eliminate punitive reductions in benefits.

2. Advocate for further changes: Depending on where the SSI Restoration Act lands, federal policy makers use their regulatory authority to:

- a. Increase the minimum benefit and the resource limits, so older adults can

SECTION 3 | WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?

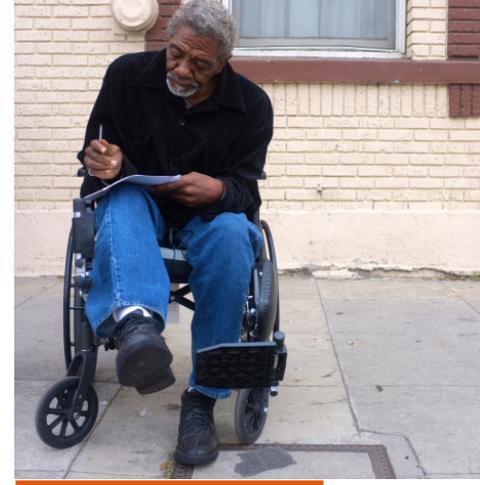
prepare for emergencies and meet their basic housing, food, and transportation needs.

- b.** Update outdated income disregards, which simply push the lowest income older adults and people with disabilities deeper into poverty.
- c.** Eliminate rules about “in-kind support” from friends and family, which interferes with a family’s desire to help their loved ones avoid homelessness.
- d.** Lower the barrier to entry especially for those with a constellation of conditions that are collectively disabling - including changing the way Substance Use Disorder (SUD) is used to disqualify people from the entitlement,
- e.** End the flawed practice of turning off Medi-Cal and SSI benefits during periods of incarceration, so we can stop the prison-to-homelessness pipeline.
- f.** Create universal screening tools that make presumptive eligibility a viable long-term policy.

3. Establish Legal Precedent for Large-Scale Reform: Too many vulnerable adults have been excluded, screened out, and nickel and dimed by this federal entitlement - which has disproportionately impacted men of color. For example, the older adult homeless population is 67% male-identifying, but only 37% of older SSI/SSP recipients in California are male-identifying.¹⁶ By filing legal cases that allege systemic discrimination, we can establish a body of evidence and precedent that lays the groundwork for broader entitlement reform.

Deliver on Criminal Justice Reform for Black Older Adults.

In reviewing the proposed [Year One Measure J Re-Imagine L.A. Advisory Committee spending plan](#), the HFG team noted the lack of prioritization for older adults, specifically Black older adults, who are disproportionately impacted by incarceration. Previously incarcerated Black older adults are more likely to experience higher rates of homelessness due to age, racism, limited access to income and programs, and access to adequate and affordable housing. Therefore, our collective advocacy and communications efforts must emphasize the need to increase funding for existing and planned programs outlined in the spending plan that focuses on housing, intensive case management, and reintegration to better support Black older adults in their transition out of incarceration.



THE OLDER ADULT HOMELESS POPULATION IS

67%

MALE-IDENTIFYING, BUT ONLY

37%

OF OLDER SSI/SSP RECIPIENTS IN CALIFORNIA ARE MALE-IDENTIFYING

¹⁶ California Budget and Policy Center, [Issue Brief: The SSI/SSP Grant: A Critical Support for Older Women and People of Color in California Left Behind by the Labor Market and State Policy](#), February 2020.



WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?



BUILD CAPACITY FOR COMMUNITY/ STRATEGIC PLANNING

A huge component of ending older adult homelessness requires us to ensure we have adequate capacity to effectively bridge the aging and homelessness sectors. This requires us to evaluate all aspects of talent acquisition and retention, relationship building, training and professional development, and creating key positions within the aging and homeless services systems and identify opportunities for intersectional improvement.

Funders should prioritize collaborative planning efforts that bridge the aging and homeless services systems by investing in opportunities to convene government entities, key stakeholders, service providers, people with lived homeless experience, and funders from both the public and private sectors. The work on this Older Adult Strategy Roadmap is evidence of the positive impact philanthropy can have in the areas of strategic planning, research, stakeholder engagement and relationship building and are opportunities for continued investments.

In the last year, HFG has participated in several collaborations that involved working with LAHSA, advocates, providers, and policy makers to improve the homeless services system so that the needs of older adults are reflected and addressed. As a result, we have updated LAHSA's Systems Model to speak to the needs of unaccompanied older adults experiencing homelessness with particular attention on Black older adults. We have co-facilitated SPA cross-sector convenings across L.A. County alongside CSH, Shelter Partnership, and LAHSA that have strengthened existing partnerships across care teams serving the older adult population. Collaborative strategic planning takes time, logistics, patience, and relentless focus, and for this kind of work to continue, more funding is necessary.

**COLLABORATIVE
STRATEGIC
PLANNING TAKES
TIME, LOGIS-
TICS, PATIENCE,
AND RELENTLESS
FOCUS, AND FOR
THIS KIND OF WORK
TO CONTINUE, MORE
FUNDING IS
NECESSARY.**

Invest in the Continuation of SPA-Specific Cross-Sector Convenings.

Since October 2020, UWGLA has collaborated with CSH, Shelter Partnership, and LAHSA to convene stakeholders from the aging and homeless sectors from SPAs 1,3,4-6, and 8.

THE SPA-SPECIFIC CONVENINGS FOCUSED ON:

A.

Building a common understanding of gaps that exist and the resources, and service models that can bring us closer to ending homelessness among older adults.

B.

Creating SPA-specific participant rosters to facilitate new partnerships and successful resource referrals among older adult and homeless service providers.

C.

Incorporating training recommendations into CSH's complimentary 2020/2021 older adult training series.

D.

Launching case conferencing and an AB 210 Multi-Disciplinary team focused exclusively on older adults.

These SPA cross-sector convenings have been instrumental in expanding our network of partners and establishing relationships with key stakeholders and organizations that have also contributed to LAHSA's Older Adults Systems Model. The work within the convenings focused on documenting service gaps and resources and ways in which current systems can be improved. Discussions centered around the need for improvements in key areas:

- Insufficient affordable and public housing
- Institutional care used in lieu of less restrictive supportive housing
- Lack of care coordination and personal care services
- Insufficient resources for mental health and substance use disorder issues

- Supplemental Security Income insufficient for individual needs
- In-Home Supportive Services not well integrated with housing
- Insufficient resources for older adults with undocumented immigration status
- Lack of well-organized older adult homelessness prevention resources
- Challenges in accessing client data across sectors.

For in-depth information on the SPA-specific cross-sector work and additional model-building and policy recommendations see the [Learn More](#) section.

SECTION 3 | WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?

The next phase of this work involves integrating case-conferencing and multi-disciplinary teams to ensure the recommendations are grounded in practice. CSH and the CEO-HI have developed a pilot project, which launched in July 2021, to enable older adult providers, who become Los Angeles County-approved as AB 210 Multi-Disciplinary Team (MDT) agencies, to case conference with other county departments, clinics, hospitals, regional centers and homeless services providers with access to the County Homeless Information Portal (CHIP). CHIP queries information from various data source systems (county departments and LAHSA) and provides AB 210 MDT members with the ability to search and view homeless client information drawn from these data systems. Ultimately, ongoing MDT case conferencing and collaboration will require staff support and related funding.

Additional opportunities to invest in the SPA cross-sector work include:

- SPA cross-sector consultant (i.e., admin, reporting, facilitating, communications)
- Funding to augment a centralized older adult training curriculum to train direct service staff
- Technology (i.e., laptops, iPads, virtual meeting platform)
- IT and Technical support
- Convening space (i.e, virtual or in-person space)

In addition to SPA-level convenings, HFG has recognized the importance of creating opportunities for experts in aging and homelessness to share notes, provide feedback, challenge assumptions, and inspire bold action. We see an ongoing need for funders to continue supporting these collaborative partnerships like those which supported the production of this roadmap.



Routinize thought partnerships between Aging and Homelessness experts.

Older Adults Systems Model Key

Stakeholders. To inform the LAHSA Older Adult Systems Model, the HFG team identified organizations, representatives, and key stakeholders with an expertise in aging and homelessness. Prospective group members were selected and contacted in December of 2020 for participation in the Older Adults Systems Model Workgroup. The finalized workgroup consisted of City and County agency representatives, service providers, and those with lived experience. Between January and July of 2021, the Older Adults Systems Model workgroup met twice monthly and contributed to the development of the systems model from start to finish. Convening stakeholders is an effective strategy that promotes cross collaboration but does require a substantial amount of support to sustain.

Additional opportunities to invest in the stakeholder collaborative work may include:

- Stakeholder Workgroup Coordinator (i.e., admin and planning)
- Technology (i.e., laptops, ipads, virtual meeting platform)
- IT and Technical support
- Convening space (i.e., virtual or in-person space)

Lived Experience (LE) Involvement.

To uplift the voices and experiences of formerly unhoused older adults, and to add validity to our work, we invited participants from the CSH Speak Up! Program, LAHSA Lived Experience Advisory Board, and community members to participate in the updating LAHSA's systems model. Participants were compensated for their contributions to the project based on a framework developed in-house at the United Way. In a series of four meetings held throughout the project, participants contributed valuable feedback that led to a set of recommendations specific to the needs of the unhoused older adult and Black older adult populations.

Our LE framework work lays a foundation for other organizations to adapt and integrate into their standard operational processes. Funders can support these efforts by investing in operational expenses to sustain continued LE consulting work:

- Lived Experience Consultants (i.e., compensation)
- Technology (i.e., laptops, ipads, web apps)
- IT support
- Lived Experience Coordinator (i.e, admin, recruitment, planning)
- Convening space (i.e., virtual or in-person space)

Transition to more flexible funding to build organizational capacity.

UNRESTRICTED FUNDING CAN BE HIGHLY BENEFICIAL TO ORGANIZATIONS, ESPECIALLY GROWING ORGANIZATIONS LED BY PEOPLE OF COLOR OR THAT SERVE PEOPLE OF COLOR, BY PROVIDING THEM THE FINANCIAL SUPPORT TO SURVIVE.

Philanthropic grant opportunities for flexible funding increase effectiveness and capacity within organizations focused on aging and homelessness. One example of grant flexibility is the use of “unrestricted grants.” Unrestricted funding can be highly beneficial to organizations, especially growing organizations led by people of color or that serve people of color, by providing them the financial support to survive. For example, the ability to use funding toward overhead costs can increase organizational sustainability in a community where restricted funding is much more common. Flexible funding can also build capacity through grants directly toward leadership and management development, organizational assessment, operations, and building strategic relationships. In addition, funding specifically addressing diversity, equity, and inclusion (DEI) (i.e., translation services) provides organizations with culturally competent tools to effectively work with the diverse population of older adults experiencing homelessness in Los Angeles.

Create capacity-building grants that focus on staff recruitment and retention.

ONE EXAMPLE OF RECRUITING QUALIFIED CANDIDATES IS INCENTIVIZING THE HIRING OF PEOPLE WITH LIVED EXPERIENCED AND/OR BLACK STAFF WITHIN THE OLDER ADULT AND HOMELESS SECTORS.

Providing capacity-building grants for recruitment and retention contributes to the sustainability and effectiveness of the aging and homeless sectors. Grant-makers could incentivize recruiting staff that is best qualified to serve the older adult homeless population. By “qualified”, we are referring to candidates who are knowledgeable, have work and/or lived experience, culturally competent, and meet educational requirements, when applicable. One example of recruiting qualified candidates is incentivizing the hiring of people with lived experienced and/or Black staff within the older adult and homeless sectors. Because of the disproportionate percentage of Black older adults experiencing homelessness, recruiting and retaining Black staff and/or people with lived experience will benefit organizational competence. Funders can provide grants to hire diverse staff and offer DEI recruitment training within organizations. Philanthropy can create grant opportunities with a goal of inclusion in its retention practices. Job retention benefits such as internal mentorship programs, educational grants/scholarships, student loan forgiveness, sabbatical leave, retention incentives, retreats, and referral bonuses help retain staff. These retention incentives and practices increase job performance, improve client satisfaction, and create a positive work environment.¹⁷

¹⁷ [Research: How Incentive Pay Affects Employee Engagement, Satisfaction, and Trust.](#) (2017). Harvard Business Review.

Fund creative opportunities that fuel teamwork.

In addition to housing, we know that trust and teamwork is the secret to ending homelessness and working across the aging and homeless sectors requires a lot of strong collaboration. Philanthropy can provide creative grant opportunities to enhance professional relationships within the aging and homeless sectors which will unlock more robust, innovative strategies to end older adult homelessness. Creating a collaborative, interdisciplinary work environment will also increase staff satisfaction and work performance while decreasing job turnover rates. Creating funding streams for team-building activities, work retreats, conferences, and networking events exemplify how grantmakers can create opportunities to fuel teamwork. Funders can also support the aging and homeless sector collaborations by having cross-sectoral and unstructured/informal meetings, which can increase the partnership between the sectors.

Enhance training for street outreach and direct service providers.

A common thread among feedback we received from providers who participated in our cross-sector work is the need for increased training focused on older adult street outreach and other aging-related resources. In response, we have piloted a series of trainings focused on older-adult-specific issues (e.g., hoarding presented by the Los Angeles Department of Mental Health) and homelessness resources (e.g., problem-solving assistance funds facilitated by LAHSA) at several of our cross-sector meetings and within various SPA coordination meetings throughout the County. We have had great success hosting these trainings and would like to continue offering them as a part of LAHSA's Centralized Training Academy.

CSH, as a lead organizer, along with LAHSA, and our senior strategy team is proposing such a resource that would be available county-wide to providers. Our objective is to convene and educate the older adult, homeless services, and housing provider workforce going forward. The plan is to provide a 10-session virtual training series through a centralized training forum designed to increase the capacity of older adult, homeless services, and housing providers to meet the unique needs of older adults experiencing, or at risk of, homelessness. This 15-hour training (10 sessions, 90-minutes each) will be taught virtually by webinar. Five pre-recorded sessions will provide foundational information.

PROVIDING TRAININGS FOCUSED ON OLDER-ADULT SPECIFIC ISSUES LIKE HOARDING AND PROBLEM-SOLVING ASSISTANCE FUNDS HAS MET GREAT SUCCESS. WE PROPOSE USING LAHSA'S CENTRALIZED TRAINING ACADEMY TO PROVIDE A 10-SESSION VIRTUAL TRAINING SERIES TO ADDRESS THESE NEEDS.

SECTION 3 | WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?

Trainees will be encouraged to watch all five pre-recorded sessions on-line before proceeding to the five more advanced interactive webinar sessions offered monthly.

Create targeted roles in the community.

While both systems, independent of each other, offer specific community roles to assist clients with navigating them, we have found that there are only a few positions that really speak to the needs of older adults experiencing homelessness, particularly Black Older Adults. This finding was further validated by feedback we received from people with lived experience who have contributed significantly to this roadmap. Funders have been critical in testing new, successful roles now embedded in the system such as hospital liaisons and regional coordinators. In the following section, we review existing community roles and propose new community roles that integrate elements of the aging and homeless systems.

EXISTING COMMUNITY ROLES

The current homeless services system consists of roles that focus on case management, housing search and navigation, behavioral and mental health, and street outreach. These roles were created to serve the general homeless population. The aging system, on the other hand, has prioritized the needs of housed older adults or transitional services from home to institutional settings, leading to a lack of tailored homeless service roles within the aging sector. This creates challenges for both the older adults who are recipients of these services and their providers. Culturally competent and age-appropriate homeless resources are scarce. Furthermore, intake assessments, such as the [VI-SPDAT](#), do not accurately reflect older-adult-specific experiences. These barriers further complicate the streamlining of unhoused older adults to permanent housing. Service providers often must coordinate with various programs to assist homeless older adults. Once housed, providers face challenges in supporting formerly homeless older adults in maintaining their housing. The reality is many of the workers trained in homeless services lack the training and experience to meet the needs of homeless older adults.

PROPOSED COMMUNITY ROLES

The HFG team has spent a substantial amount of time discussing ways existing community roles can be enhanced to better integrate aging and homeless services. We have also discussed the development of new, innovative community roles with older adults with lived experience, who know these systems all too well. An advantage from incorporating their specific feedback is that they have a first-hand account on which services work and which ones fail this population. Through our SPA cross-sector work, we were also able to identify gaps that can be filled by the creation of new roles. Many organizations in the aging sector have opted for innovative approaches to fill these gaps. [SCAN Health Plan](#), for example, recently introduced an innovative model for street-based medicine that targets older adults experiencing homelessness and provides them with comprehensive care and assistance with housing. This model was created based on a managed care framework, but with the intent of delivering services in the streets.

We strongly recommend that philanthropy considers providing seed funding for positions that provide an equitable and holistic approach to supporting the needs of homeless older adults. Furthermore, investing in the evaluation of these new roles would demonstrate their effectiveness, value, and ensure their sustainability through other public, state, or federal sources of funding.

The chart on the following pages defines the specific community roles we feel are worthy of investment.

WE STRONGLY RECOMMEND THAT PHILANTHROPY CONSIDERS PROVIDING SEED FUNDING FOR POSITIONS THAT PROVIDE AN EQUITABLE AND HOLISTIC APPROACH TO SUPPORTING THE NEEDS OF HOMELESS OLDER ADULTS.



Area of Focus	Responsibilities	Goals	Estimated Base Salary	Qualifications
OLDER ADULT REGIONAL COORDINATOR				
<ul style="list-style-type: none"> • System leadership • Training/education • Data Coordination • Partnership building • Stakeholder engagement • Infrastructure building 	<ul style="list-style-type: none"> • Build partnerships within older adult homeless system • Provide coordination of programmatic services to their assigned SPA • Build infrastructure to the CES Older Adult Population system • Host regional meetings • Provide education/training surrounding older adult homelessness • Address system and service gaps 	<p>Improve the quality of life and permanent housing outcomes for homeless older adults</p>	<p>\$60,000</p>	<ul style="list-style-type: none"> • Minimum Bachelor’s degree in Social Work or related field • 2+ years experience working in the homeless and/or older adult fields • Intermediate-level¹⁸
OLDER ADULT SERVICE PLANNING AREA LIAISON				
<ul style="list-style-type: none"> • Interim and permanent housing • Homeless prevention • Collaboration building • Case conferencing • Recourse gathering • Policy/Advocacy 	<ul style="list-style-type: none"> • Facilitate monthly older adult multisectoral workgroups with older adult and homeless providers • Participate in SPA lead meetings to integrate the homeless and older adult sectors 	<p>Bridge the older adult and homeless sectors through collaboration, trainings, and networking to better assist the unique needs of older adults experiencing homelessness</p>	<p>\$65,000</p>	<ul style="list-style-type: none"> • Minimum Bachelor’s degree in Social Work, Policy, or related field; Masters degree preferred • 4+ years experience in the homeless and/or aging sectors • Mid-level Management¹⁹
SKILLED NURSING FACILITY LIAISON				
<ul style="list-style-type: none"> • Behavioral health • Physical health • Case management • Housing navigation • Benefits • Community-based resources 	<ul style="list-style-type: none"> • Assist in the older adult’s transition from homelessness to the SNF • Engage with the homeless client upon admission • Provide case management, housing navigation, benefits enrollment, and community-based resources 	<p>Well versed in the homeless and skilled nursing facility sector</p> <p>Manage and problem solve with older adults who previously experienced homelessness</p>	<p>\$65,000-\$70,000</p>	<ul style="list-style-type: none"> • Master’s degree in Social Work, or related field • 4+ years experience working in the homeless and/or older adult fields • 2+ years supervisory experience • Bilingual a plus • LCSW a plus • Mid-level Management

¹⁸ Intermediate-level: degree plus experience, supervisory component

¹⁹ Mid-level Management: degree plus years experience, managerial experience

SECTION 3 | WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?

Area of Focus	Responsibilities	Goals	Estimated Base Salary	Qualifications
OLDER ADULT TRANSITIONS COORDINATOR				
<ul style="list-style-type: none"> • Housing Navigation • Older adult housing and facilities • Case management • Community-based resources 	<ul style="list-style-type: none"> • Transition older adults into various housing opportunities • Provide guidance and case management for higher needs older adults • Follow up on housing/facility referrals • Determine housing barriers and needs • Support in obtaining required documents to obtain housing 	Assist older adults transitioning from permanent housing into older adult housing facilities and vice	\$55,000-\$60,000	<ul style="list-style-type: none"> • Bachelor's degree in Social Work or related field • 2+ years experience working in the homeless and/or older adult fields • Lived experience a plus • Intermediate-level
OLDER ADULT PEER SUPPORT SPECIALIST				
<ul style="list-style-type: none"> • Behavioral health • Physical health • Substance use • Relationship building/peer support • Multidisciplinary collaboration (health-care professionals, case managers, mental health professionals, 	<ul style="list-style-type: none"> • Provides crisis support • Individual advocacy • Build relationships with older adults that prevent mental health conditions • Provide connection to resources (transportation, food, healthcare, social services, activities) • Lead and facilitate 1:1 and support groups 	Provide support and community to older adults who are experiencing social isolation	\$45,000	<ul style="list-style-type: none"> • Certificate Peer Support Specialist Training • Lived experienced with homelessness and/or navigating aging system • Experience with the older adult and seniors populations • Entry-level²⁰
OLDER ADULT BENEFITS SPECIALIST				
<ul style="list-style-type: none"> • Benefits advocacy (i.e., SSI, Medi-Cal, CalFresh, MyHealthLA) • Case management • Community resources • Multidisciplinary collaboration 	Provide benefits advocacy services that includes assessment, gathering documentation, application submission, client advocacy, ongoing follow up and referral to legal provider as appropriate	Assist older adults to increase their income and benefits to better stabilize housing and prevent homelessness	\$40,000	<ul style="list-style-type: none"> • Minimum one year experience working in the homeless and/or older adult fields • Entry-level

²⁰ Entry-level: degree not required, minimal experience, training provided, certification a plus



WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?



PILOT, EVALUATE, AND SCALE PROGRAMS

Over the past decade, the HFG Funders Collaborative has proven its ability to pilot innovative solutions, study the impact of those pilots, and leverage public and private dollars to bring promising solutions to scale. This collective impact model continues to drive our approach as we seek to impact older adult homelessness. To that end, funders should consider contributions toward pilot programs and interventions that show strong potential to prevent or end homelessness among our older adults and evaluate the impact of those investments for their replication and scaling potential. This section includes several opportunities the HFG team and our partners are eager to fund, evaluate, and bring to scale.



ACCELERATING PERMANENT SUPPORTIVE HOUSING (APSH)

We challenged developers to design innovative, scalable supportive housing concepts. Sixteen concepts were chosen and supported with \$5 million in pre-development and recoverable grant funds to support the development of an estimated

1,400

supportive units.

Support the United Way's Affordable Housing Initiative.

We won't end older adult homelessness without more housing for residents with extremely low incomes, and we know there are opportunities to inject innovation into the construction process to drive down costs and policy changes that streamline development timelines to build faster and open the door to new, scalable housing designs. That is why UWGLA is actively fundraising for our Affordable Housing Initiative.

In 2019, the HFG Funders Collaborative piloted the [Accelerating Permanent Supportive Housing \(APSH\)](#) program where we challenged developers to design innovative, scalable supportive housing concepts. Sixteen concepts were chosen and supported with \$5 million in pre-development and recoverable grant funds to support the development of an estimated 1,400 supportive units. Today, the HFG team is bringing this pilot to scale by working in partnership with Gensler to develop small-lot, shared housing models that can be replicated across LA County. We are launching a private capital loan fund, managed by our partners at Genesis LA to support acquisition, pre-development, and construction. The first phase of fundraising is open and is expected to close by December 2021, and the estimated impact of the initiative's first phase is:

- 10 developments built using improved construction methods
- 12 months saved on construction timeline
- \$218,000 development cost reduction per person
- \$6,000 saved annually in rent

UWGLA and our partners at Treehouse broke ground on the first AHl development in September 2021. The property will include 29 affordable units in a mixed income, new-construction building in Koreatown.

Fund ongoing research on older adult and senior homelessness.

Since 2017, the Home For Good Funders Collaborative has seeded and partnered with the [Homelessness Policy Research Institute \(HPRI\)](#) to coordinate specific research projects like Black Tenant Retention, Accelerating Permanent Supportive Housing, the Research Accelerator, and the Coordinated Entry

SECTION 3 | WHAT SHOULD FUNDERS AND POLICY MAKERS FOCUS ON RIGHT NOW?

System Triage Tool Research & Refinement project (CESTRR). That partnership continues with a strategic focus on older adult and senior homelessness as a focus of the HPRI research community for the next three years. To execute the HPRI research agenda, HPRI needs continued financial support from other funding partners to carry out its three core functions or to take on specific research projects or evaluations:

- **Conducting and Facilitating High-Impact Research** through rapid response research, RFP development, the creation of a data ecosystem, development of a research agenda, and fostering an evidence-based culture
- **Gathering and Translating Research** through policy briefs, memos, one pagers, policy outreach, visits, and testimonials; website and social media; communications working group; and an equity framework for research translation
- **Convening and Engaging** academics and policy makers through Research Committee meetings, a steering committee, symposia, topical working groups; strategy for lived experience, racial equity, service providers, etc.

Streamline & accelerate access to SSI to achieve housing stability for vulnerable older adults.

The latest research shows a large portion of older adults experiencing homelessness are experiencing it for the first time after age 50, and many are related to post-incarceration housing instability²¹. Some of that instability is related to the fact that too few older adults and people with disabilities are enrolled in SSI, and the government shuts off SSI benefits during prolonged periods of incarceration, leaving many to exit jails and prisons directly into homelessness. Due to the increased prevalence of disabling conditions among incarcerated individuals, which impacts future employment and housing potential, there is an opportunity to prove SSI reforms can be transformative. For example, funders could partner with Managed Care Plans and Housing and Disability Advocacy Program (HDAP) providers to pay SSI/SSDI experts to do jail-in-reach with individuals prior to release, to begin the benefits enrollment process as early as possible (which would include the Medi-Cal and SSI/SSDI application process), and begin case management and housing navigation supports. Paired with state and federal advocacy for SSI reform, this project has the potential to empower many zero-income individuals with an income that facilitates a modicum of choice as they pursue low-cost housing after incarceration.

²¹ Kushel, M. (2017). *Homelessness in older adults: an emerging crisis* Professor of Medicine. UCSF DGIM/ZSFG Center for Vulnerable Populations.

Develop a culturally competent assessment for older adults.

Currently the L.A. homeless rehousing system treats age 60 as a natural marker of increased risk of harm from continued homelessness, so being 60 and older increases your “risk score” in the prioritization process for housing. However, the medical ages of PEH can often far exceed biological age, and the evolution of someone’s “vulnerability” as they age is not accounted for in current assessment tools.²² Therefore, many have called for a deeper investigation into the intersection of aging and vulnerability as it relates to homelessness — especially as our interventions and services evolve. This project would be an addendum to the Coordinated Entry System Triage Tool Research & Refinement Project (CESTRR), which is a three-year project to improve how we assess people experiencing homelessness (PEH) for relative “vulnerability” and more effectively prioritize them for appropriate housing interventions. By continuing to examine the mechanisms we use to understand housing instability and risk, we will deepen our understanding of the nature and evolution of “vulnerability” as aging intersects with housing instability and better match homeless older adults to resources that meet their changing needs.

Use flexible funds to help older adults exit to accessible housing.

Often an older adult or senior has access and functional needs that require some up-front costs to ensure their exit to permanent housing is accessible and successful. However, paying for those kinds of repairs, upgrades, and supports can be a challenge. For example, public funds typically cover expenses like security deposits and essential household items but exclude payments for ramp or lift installation, bathroom rails, etc. A central feature of the design of the L.A.



EXAMPLE IN PRACTICE

South L.A. Housing Pilot.

The HFG team identified SPAs 6 and 7 as areas of L.A. County where Black older adults and other older adults of color are significantly and disproportionately impacted by homelessness. Searching for innovative ways to utilize funding seeded by the Conrad N. Hilton Foundation, our team proposed a pilot program that would assist Black and Latinx older adults with their transition out of interim shelters and into permanent housing within these service planning areas. In the Fall of 2020, we began working with Special Service for Groups - Homeless Outreach Program Integrated Care System (SSG-HOPICS) to implement a pilot program, and are expanding the partnership to include Kingdom Causes Bellflower in SPA 7. The pilot consists of using cross-sector collaborations as an access point for flex funds for eligible older adults currently staying in interim shelters with the objective of successfully transitioning them into permanent housing. These targeted flex funds can go toward expenses that otherwise would create barriers to maintaining permanent housing for older adults on limited incomes such as wellness support, home accessibility modifications, move-in costs, landlord incentives, rental assistance, and debt cancellation.

²² Brown, R.T., Hemati, K., Riley, E.D., Lee, C.T., Ponath, C., Tieu, L., Guzman, D., & Kushel M.B., (2017). *Geriatric Conditions in a Population-Based Sample of Older Homeless Adults*. The Gerontologist.

County Older Adults Pilot is the ability to fund one-time move-in and tenancy support through Medi-Cal funding that is also not currently available – and may not be available in the next couple years. Therefore, funders can consider infusing targeted flex funds into the rehousing system to test and prove that flexible one-time money, paired with cross-sector case conferencing, helps increase successful exits to accessible units and can unlock housing stability for more older adults experiencing homelessness.

Stabilize housing for older adults who lost a partner or spouse.

We know that the loss of a partner or spouse is an extremely destabilizing event, even more so for people already on the edge of housing instability. For so many local older adults, particularly older adults of color who lost a partner or spouse due to COVID-19, housing instability may worsen in the weeks, months, and years ahead without intervention. Thanks to new County-level data linkages with the Department of Medical Examiner, we can potentially identify households with a surviving older adult who has recently lost a partner or spouse and may benefit from housing stabilization services as an early intervention. Paired with a robust evaluation, this project would use the best available data to define the target population, design an intervention, and test the impact on housing stability.



PUBLIC FUNDING ALONE DOES NOT CREATE FACILITIES AND ENVIRONMENTS THAT ARE BEAUTIFUL, COMFORTABLE, FULLY ACCESSIBLE, TRAUMA INFORMED, AND EFFECTIVE FOR OLDER ADULTS AND PEOPLE WITH ACCESS AND FUNCTIONAL NEEDS.

Optimize Project Homekey sites for older residents.

Building on the success of Project Roomkey, the state has allocated roughly \$1.4 billion in grant funding to cities, counties, and housing authorities within California to purchase, renovate, and convert hotels, motels, apartment buildings, adult residential facilities, and other commercial properties to permanent or interim housing for people experiencing homelessness who cannot safely live in large congregate settings. A large portion of that funding is accruing to jurisdictions and public housing authorities in L.A. County, and those resources are likely to make Homekey facilities habitable, at the lowest possible cost. In our experience, public funding alone does not create facilities and environments that are beautiful, comfortable, fully accessible, trauma informed, and effective for older adults and people with access and functional needs. Therefore, one-time philanthropic support can help get these facilities fully ready to receive new seniors when the doors safely open.

EXAMPLE IN PRACTICE**SPA 3 Patient Navigation Pilot**

Spearheaded by United Way's Home For Good, the SPA 3 Patient Navigation (PN) Pilot is a groundbreaking, cross-sector effort between Union Station Homeless Services (USHS) and five San Gabriel Valley hospitals. Launched in October 2020 and funded by Well Being Trust and UniHealth Foundation, the pilot was designed to support post-discharge care coordination and case management for 100 people experiencing homelessness who are "high-utilizers" of hospital emergency services in the San Gabriel Valley/SPA 3 area of Los Angeles County.

With coordination support from the Health Consortium of the Greater San Gabriel Valley, hospital, and homeless service partners co-designed and implemented the 18-month pilot, which increased service capacity with three full-time Patient Navigators who are embedded within hospital teams and workflows and have connected over 125 patients to shelter/housing placements, primary care services, public benefits, and more.

One project we are excited about in the Arleta neighborhood within the City of L.A. is a 43,000 square foot, 72-room, interim housing facility for 148 older adults experiencing homelessness. The site will serve an older adult homeless community that is 70% Black and Latinx, providing them with recuperative care and light assistance with activities of daily living. The National Health Foundation is working with the community and the City to renovate the existing facility and open its doors before the summer of 2022, but public funds are unlikely to cover the full cost of making this facility, and its furnishings, meet the needs of its aging residents in a trauma-informed way. The provider will undoubtedly need philanthropic support for furniture, equipment, furnishings, and outdoor landscaping that will make the environment comfortable and livable for its older tenants.

Prevent homelessness through hospital partnerships.

Emerging research is revealing how predictive emergency room visits and hospitalizations are for subsequent experiences of homelessness in L.A. County. PEH further face challenges during hospital stays that impact readmission rates such as difficulty in navigating resources they are provided, missed follow-up appointments, and loss of contact with the care team. Therefore, funders could invest in innovative partnerships and positions that attempt to break the linkage between hospitalizations and homelessness to ensure those who seek medical care do not end up on the streets and instead use emergency room care as an intervention point for housing stabilization services.

Modeled after successful patient navigator programs such as those funded through Cedars Sinai²³, we are proposing an older adult-specific patient navigator pilot aimed at reducing the number of ER visits, hospital stays, and readmissions through the provision of on-site housing stabilization services including case management, transition coordination, and housing navigation. This would entail 1) identifying a hospital with an on-site community clinic and a senior wellness program 2) establishing the role of a patient navigator and registered nurse dedicated to working with older adults 50+ at-risk or currently experiencing homelessness 3) partnering with an MCOs, service providers, legal aid, and public housing authorities to connect patients to permanent supportive housing.

²³ Cedars-Sinai operates a successful patient navigator program in which a designated staff member works with PEH who overutilize emergency care services. The patient navigator identifies the patient's needs and coordinates resources, then links them to a social worker or case manager to provide long-term follow up and support the patient with additional needs such as housing navigation.

Facts about Older Adult Homelessness

OLDER ADULT HOMELESSNESS

- Older adults experiencing homelessness are one of the fastest growing populations experiencing homelessness increasing by 68.5% in the United States between 2007-2017.²⁴
- Older Adults are experiencing homelessness at higher rates compared to other unhoused age groups, a well-documented trend that is projected to triple by 2030.²⁵
- The 2020 Los Angeles Homeless Services Authority's (LAHSA) Homeless Count reported the total homeless population 55 years and older in Los Angeles is nearly 15,000, which represents 24% of the County's homeless population.²⁶
- The latest research shows a large portion of older adults experiencing homelessness are experiencing it for the first time after age 50, and many are related to post-incarceration housing instability.²⁷

BIPOC OLDER ADULTS AND SENIORS

- Black and African American people represent 33% of everyone experiencing homelessness and 39% of older adults experiencing homelessness despite accounting for only 8% of the total population in L.A. County.²⁸
- The poverty rate for Black seniors (18.7%) is more than double the rate for white seniors (6.9%).²⁹
- In California, 20% of all people 65 years and older

are living in poverty with BIPOC older adults experiencing poverty at twice that rate.³⁰

- Black older adults face challenges in obtaining affordable housing due to the majority of living in high-cost states such as New York (9.1%), Florida (7.1%), California (6.5%), and Texas (6.4%).³¹

HOUSING

- In California, over half of the seniors living in rental units are low-income and more than 75% are rent-burdened, spending 30-50% of their income on rent.³²
- The older adult homeless population is 67% male-identifying, but only 37% of older SSI/SSP recipients in California are male-identifying.³³
- The maximum SSI/SSP payment, which is the only income entitlement for senior and disabled adults, has not covered the cost of a Los Angeles studio apartment since 2008, and has not covered the cost of shared housing since 2019.
- In Los Angeles County, over 75% of older adults with a 15% or less (\$11,835) area median income (AMI) and 60% of older adults with 30% or less (\$23,700) AMI are extremely rent-burdened, paying 50% or more of their income on household costs.³⁴
- Only 4% of residential units in the U.S. include mobility equipment, and only 1% are wheelchair accessible.³⁵

²⁴ Culhane, D., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., & Schretzman, M. (n.d.). [The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?](#) Actionable Intelligence for Social Policy University of Pennsylvania.

²⁵ Culhane, D., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., & Schretzman, M. (n.d.). [The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?](#) Actionable Intelligence for Social Policy University of Pennsylvania.

²⁶ [2020 Homeless County- Older Adult Dashboard](#). (2020). Los Angeles Homeless Services Authority.

²⁷ Kushel, M. (2017). [Homelessness in older adults: an emerging crisis](#). University of California San Francisco.

²⁸ [2020 Homeless County- Older Adult Dashboard](#). (2020). Los Angeles Homeless Services Authority.

²⁹ [Black Elders](#). (n.d.). Diverse Elders Coalition.

³⁰ [Master Plan For Aging](#). (2021). California Department of Aging.

³¹ [Black Elders](#). (n.d.). Diverse Elders Coalition.

³² Wallace, S., & Padilla-Frausto, D. (2018). [Health Policy Fact Sheet: More Than Three-Quarters of Low-Income Older Californian Tenants Are Rent Burdened](#). UCLA Center for Health Policy Research.

³³ California Budget and Policy Center, [Issue Brief: The SSI/SSP Grant: A Critical Support for Older Women and People of Color in California Left Behind by the Labor Market and State Policy](#), February 2020.

³⁴ Mazzella, D. (2020). [2020 Los Angeles County Older Adults: Housing Needs Report](#). The California Housing Partnership.

³⁵ [Housing for Seniors: Challenges and Solutions](#). (2017). HUD User.



- In Los Angeles County, there are about 43,000 subsidized units for older adults; ~4,800 of these units are predicted to become market rate value within the next ten years.³⁶
- According to the California Housing Partnership, younger older adults (60+ years) experience “lower income, are more cost burdened, and struggle more to access affordable housing.” The possible cause is due to limited access to social security income.³⁷

HEALTH

- According to the L.A. County Department of Public Health, “The average age at death was 51 years among the homeless and 73 years among the general population.”³⁸
- PEH 50 years and older have higher rates of chronic illness and chronic conditions (e.g., memory loss and fall risk) compared to older adults 15 to 20 years older.³⁹
- Older Adults experiencing homelessness accounted for 73% of confirmed COVID-19 deaths in L.A. County.⁴⁰
- Statistics show higher rates of emergency room (ER) visits and readmission among PEH compared to those marginally housed due to older age, housing instability, substance use, chronic illness, mental health diagnoses, and physical injuries.⁴¹
- One third of PEH are hospitalized during a year, four times higher than the U.S. average.⁴²
- One third to two thirds of PEH have at least one ER visit in their medical history.⁴³

³⁶ Mazzella, D. (2020). 2020 [Los Angeles County Older Adults: Housing Needs Report](#). The California Housing Partnership.

³⁷ Mazzella, D. (2020). 2020 [Los Angeles County Older Adults: Housing Needs Report](#). The California Housing Partnership.

³⁸ [Recent Trends in Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County](#). (2019). Los Angeles County Department of Public Health, Center for Health Impact Evaluation.

³⁹ Brown, R.T., Hemati, K., Riley, E.D., Lee, C.T., Ponath, C., Tieu, L., Guzman, D., & Kushel M.B., (2017). [Geriatric Conditions in a Population-Based Sample of Older Homeless Adults](#). The Gerontologist.

⁴⁰ Culhane, D., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., & Schretzman, M. (n.d.). [The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?](#) Actionable Intelligence for Social Policy University of Pennsylvania.

⁴¹ Kushel, M. B. et al. (2001) [Factors associated with the health care utilization of homeless persons](#). University of California San Francisco.

⁴² Kushel, M. B. et al. (2001) [Factors associated with the health care utilization of homeless persons](#). University of California San Francisco.

⁴³ Kushel, M. B. et al. (2001) [Factors associated with the health care utilization of homeless persons](#). University of California San Francisco.

LAHSA's Older Adults Systems Model & Program Matrix

SYSTEM MODELING is a structured process for developing inventory and performance recommendations to meet crisis and housing needs to end homelessness. The purpose of system modeling is to create a strategic framework for allocating existing and new funding, and it has been conducted in Los Angeles multiple times over the past several years. In March 2020, LAHSA published a [Homeless Services Systems Analysis](#), but that analysis grouped older adults with everyone aged 25 or older. Therefore, LAHSA updated its systems analysis in July 2021 with a specific Program Models Matrix and recommendations for older adults. For this system modeling to have a long-term impact, it will need to be continuously reviewed, updated, and refined.

WHY WAS AN UPDATED SYSTEM MODEL NEEDED?

An updated systems model was necessary for several reasons. First, we need to develop a set of recommendations specific to this unique 55+ population. This requires changing older-adult-specific service pathways, coordinating with the aging system of care, and altering assumptions about income, employment potential, and access/functional needs. Second, the continued economic and health impacts of COVID-19 challenged many of our baseline assumptions about older adult home-

lessness. For example, how does the ongoing risk of exposure in congregate settings impact our assumptions about the utilization of shelter or the viability of enriched residential care for those who need the highest levels of support? Third, LAHSA's Technical Assistance provider, Abt Associates, needed local experts and people with lived expertise to validate the assumptions, so the workgroup was comprised of people with lived expertise in the homeless crisis response system, or other systems such as Continuums of Care, City of Los Angeles, and L.A. County that intersect with older adults experiencing homelessness.

HOW WAS RACIAL EQUITY ADDRESSED IN THE UPDATED MODEL?

Modeling is based on assumptions, which are usually developed within an inherently racist system where the delusion of white supremacy is likely to have implicitly shaped the systems, structures, policies, practices, and attitudes. Therefore, to overcome the inherent racial bias in our anti-poverty and homeless services systems, LAHSA's systems modeling examined the premise and evidence base of underlying assumptions and explicitly flagged opportunities to make the system more equitable for Black people experiencing homelessness.

WHAT DOES THE UPDATED SYSTEMS MODEL REVEAL?

LAHSA's Older Adults Systems Modeling included a program models matrix, which has been oversimplified and compared to the original model in Table A. It also included a list of system recommendations about services, coordinated entry, access and coordination, accessibility, mobility, equity, and policy.

PROGRAM TYPE	ORIGINAL SYSTEMS MODEL	UPDATED OLDER ADULTS SYSTEMS MODEL
PREVENTION/DIVERSION	Assumed 20% of households could be prevented from entering the homeless services system	Assumes a much lower success rate for older adults with limited income potential and increased access and functional needs.
CONGREGATE SHELTER	Presumed 20% of our ideal inventory would be interim housing, but did not specify congregate.	Recommends congregate for <2% of older adults for whom there is insufficient space in non-congregate shelter or whose needs and preferences are better suited to congregate shelter.
NON-CONGREGATE SHELTER	The original model did not distinguish non-congregate from congregate shelter.	This is the preferred shelter model for 15% of older adults and should be used whenever possible.
TRANSITIONAL HOUSING	Acknowledged the vast majority of this inventory is reserved for Transition-Aged Youth.	Not included or recommended for older adults.
RECUPERATIVE CARE	Did not exist in the original model.	This service pathway is already in use by practitioners but was officially added as a feature of our ideal system for ~4% of older adults that are discharged from the hospital or other medical settings and temporarily require more care than a traditional shelter or housing can provide.
RAPID RE-HOUSING	Presumed that 16% of our ideal inventory should be RRH.	Encourages LAHSA to slightly decrease reliance on RRH as a service model to <15% of older adults that have enough income to pay market rent.
DEDICATED AFFORDABLE HOUSING	Did not exist in the original model.	This pathway was created for ~25% of older adults that have an ongoing need for a housing subsidy but minimal or fluctuating ongoing supportive service needs that can be met outside of the homeless system.
PERMANENT SUPPORTIVE HOUSING	Presumed that 67% of our ideal inventory should be PSH.	Reduced older adult reliance on PSH to 45% by creating two additional pathways: dedicated affordable housing (for those who need fewer services) and residential care (for those who need more).
RESIDENTIAL CARE	Did not exist in the original model.	This service pathway is already in use by practitioners, but was officially added as a feature of our ideal system for ~10% of older adults that need help with ADLs or have other high intensity services that are unable to be met in a PSH program.

System Recommendations

SERVICES

- To provide the most effective services case-managers and other direct service staff need on-going training in trauma-informed care, systemic racism, and implicit bias training. They need adequate supervision and support to improve their service delivery skills.
- Caseloads of case-managers should be reduced to reasonable levels so that there is adequate time and attention paid to each client.
- The turnover of case-management staff limits the ability to establish connection with clients and limited engagement. This results in lower quality services. Efforts must be taken to ensure increased job satisfaction so that staff turnover is reduced.
- When staff transitions do occur, planning needs to happen, including warm hand-offs to ensure that client services are seamless, and their needs are taken care of.
- Housing should never be contingent on participation in services. However, services are clearly beneficial to the participant and the community, and it is the responsibility of the agency to ensure that services are high quality, and their perceived value is enough that clients want to participate.
- Case-management should be provided for every older adult as soon as they are identified. This case-manager should stay connected to them throughout their services, even after they have been housed to support stabilization. This case-manager could routinely assess the client to ensure they are receiving the appropriate level of care in their current housing programming.
- Even if family members are not able to provide housing, programs should encourage those connections as an additional source of support.

COORDINATED ENTRY (CE)

- The current CE process does not adequately capture the unique vulnerabilities of older adults such as required assistance with Activities of Daily Living and an Elder Abuse screening. Older adults should be their own sub-population within CE for purposes of assessment and prioritization.
- The outcome of a CE assessment is critical to accessing housing. For the most accurate assessment results the assessors need additional training in trauma-informed care and implicit bias.
- Current CE prioritization focuses on determining an individual's vulnerabilities. It is challenging for some cultural groups to publicly admit their issues, especially when the assessor is of a different race than they are and contributes to racial disparities in housing outcomes. The equity of housing assessments and referrals would be increased by using an assessment that was more strengths-based and by accounting for system barriers to housing along with individual characteristics.

ACCESS AND COORDINATION

- Clients should maintain autonomy over their housing options to the extent possible. Clients should be able to express a preference for the neighborhood, community, and housing type they are referred to. The case-manager needs to be sure the client is fully informed about any implications of their choice, but ultimately client choice should always be respected.
- Clients should never experience not being able to access services because they have reached out to the wrong place. Even if there are separate programs and entry requirements, it should feel very seamless to the client to move from where they started to the appropriate service (i.e., If you

go to a provider like Meals on Wheels, you have access to the system.)

- Most people are eligible to access services and supports through multiple systems and may have the opportunity to connect with housing through these systems. The homelessness response system needs to be more closely tied to other systems, such as behavioral health and older adult services where people can access supportive services and housing. By leveraging multiple systems to create a holistic response, people are better able to get their needs met.
- When a household is facing eviction, there should be an embedded social worker at the court to provide resources for prevention or shelter if necessary.
- Many people are not accessing the homeless system. Increased outreach is necessary to attempt to connect everyone who experiences homelessness with services.
- Housing first is a critical principle for housing vulnerable people. Harm reduction models should be available for those that need them. However, there also must be programs available to support people who want to live a sober lifestyle. Trying to maintain sobriety in a harm reduction atmosphere is challenging for clients. Clients should be able to choose a harm reduction or sober living environment to best suit their needs.

ACCESSIBILITY

- Clients should not be made to wait longer or take a unit that does not meet their needs because of accessibility issues. All housing needs to be physically accessible. If they must move into an inaccessible unit because an accessible unit is not available, they should retain their place on the queue and move into the first available accessible unit. Their housing navigation service provider should be retained and continue looking for an

accessible unit for them.

- There should be additional services and safety support for individuals with cognitive impairments, particularly in interim housing programs.

MOBILITY

- People's needs change over time, particularly as they age. The system needs to have a mechanism to establish regular check-ins with clients once they are in housing and reassessments to determine if people need different services or housing models to meet their needs. This may include either moving to more intensive services as someone ages, or less intensive services as the client stabilizes. Moving between interventions should always be the client's choice and it should be a seamless transition.
- Whenever possible clients should be able to stay in their existing housing and access different services as needed.
- Rapid Rehousing may not work for people who are not able to increase their income. For Older Adults RRH should be paired with some other intervention such as shared housing or dedicated affordable housing so that it is sustainable after the RRH programming ends.

EQUITY

- Los Angeles did extensive work to identify the unique needs of Black people experiencing homelessness. There is overrepresentation of Black people in the population of older adults experiencing homelessness as well. All efforts to expand the system and better meet the needs of older adults should be in alignment with the recommendations in the report of LAHSA's Ad Hoc Committee on Black People Experiencing Homelessness.
- Implicit bias in the system assigns BIPOC people experiencing homelessness to units based on the

racial demographics of the neighborhood which can result in people feeling unsafe. When people feel unsafe their stability is jeopardized. Clients must be able to exercise choice in neighborhoods to promote stability.

- Since homelessness disproportionately impacts BIPOC communities in Los Angeles, it must be a priority to have BIPOC individuals in positions of leadership within the homeless system.
- People with lived expertise of homelessness, particularly older adults, must be centered in the implementation of any system changes that occur as a result of this process.
- Policy, system design, and supportive services need to address the intergenerational trauma, network impoverishment, and system bias that have resulted in BIPOC communities disproportionately experiencing homelessness.

POLICY

- Source of income discrimination must be addressed to ensure that people with housing subsidies have access to adequate housing options and are not being denied due to use of a subsidy. The City of Los Angeles should follow other cities that have enacted source of income anti-discrimination laws to increase the availability of units to people experiencing homelessness.
- Older adults have unique needs but are not a recognized sub-population within the homeless system. Many, but not all are categorized as chronically homeless. Advocacy efforts should request the federal government acknowledge the unique population and create clear definitions for older adults experiencing homelessness so they can be prioritized as a population regardless of meeting the definition of chronically homeless.



SPA Cross-Sector Convening Recommendations

In 2019 and early 2020, the Corporation for Supportive Housing (CSH) together with five other entities, created an in-person cross-sector collaborative to build a model tailored to older adults at risk of or experiencing homelessness with specific service needs. The partner entities were the Los Angeles Chief Executive Office-Homeless Initiative (CEO-HI) Older Adults Workgroup, the Los Angeles Workforce Development Aging and Community Services (LA WDACS), the Los Angeles Aging Advocacy Coalition (LAAAC), the Los Angeles Homeless Services Authority (LAHSA), and Shelter Partnership. The pilot project engaged 104 professionals from 36 organizations in Service Planning Areas (SPAs) 2 (San Fernando Valley) and 7 (East Los Angeles). These organizations represented older adult, homeless services, health care and housing providers serving vulnerable older adults. The “Final Report on Cross-Sector Engagement for Older Adults and Homeless Services Sectors” appears as Appendix 2 in the CEO-HI’s August 3, 2020 report entitled, “Addressing Homelessness Among Older Adults.” The Los Angeles Board of Supervisors received this report as part of a [Comprehensive Plan to Prevent and Combat Older Adult Homelessness](#).

CSH leveraged lessons learned in SPAs 2 and 7 to advance work in SPAs 4, 5 and 6, serving Metro Los Angeles, West Los Angeles and South Los Angeles. From October 2020 to March 2021, CSH collaborated with LAHSA, Shelter Partnership and UWGLA to hold 18 SPA-specific convening sessions (six sessions per SPA) involving 72 organizations (including the four-organization project planning team) and 93 professionals (35 from SPA 4, 27 from SPA 5 and 31 from SPA 6) in attendance. In addition,

36 professionals attended a session launch only. Session participants identified service gaps and resources in serving older adults at risk of or experiencing homelessness and developed recommendations for an older adult model to better serve this population. In April 2021, a cross-SPA closing session updated participants on the Los Angeles COVID-19 crisis response and progress toward implementing the 2020 Comprehensive Plan to Prevent and Combat Older Adult Homelessness.

SPAs 4, 5 and 6 provider representatives shared their SPA-specific recommendations for combatting older adult homelessness. In June 2021, cross-sector convenings began in SPAs 1, 3 and 8, Antelope Valley, San Gabriel Valley and South Bay, respectively.

SPAS 4, 5, 6:

MODEL-BUILDING RECOMMENDATIONS

(Excerpts from a 2021 White Paper co-authored by CSH, LAHSA, Shelter Partnership and UWGLA and made possible with the generous support of Cedars Sinai Medical Center)

ACCESS:

Study physical points of access to co-locate 24 hour “access centers,” such as senior centers for client engagement and provide transportation. Have an education campaign to build community trust of older adults experiencing homelessness (OAEH). Use well-trained staff for client engagement that can break-down stigma. Enable cross-sector sharing of client information. Create a centralized resource directory. Work with landlords to increase receptivity to housing older adult residents and decrease

stigma. Create a LAHSA Skilled Nursing Facility (SNF) Liaison to provide support to formerly homeless SNF residents to discourage SNF discharges to shelters or the streets. Create an Older Adult Regional Coordinator role. Develop an Older Adult Housing Navigator role specifically assigned to identify housing suited for older adults. Retool SPA-specific coalitions to include an older adult focus.

ASSESSMENT:

Create short, easily editable, trauma-informed, culturally-appropriate assessment for older adults and administer privately to protect client confidentiality. Add assessment of Activities of Daily Living (ADLs) and elder abuse to Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). Train cross-sector providers on use of VI-SPDAT with older adults.

SERVICE AND HOUSING CONNECTION:

Offer greater resources including meals, shared housing, mental health services, street medicine, Skilled Nursing Facilities and Residential Care Facilities for the Elderly and support for people exiting institutions. Connect older adults to the Los Angeles Department of Mental Health clinics. Develop a one-page flyer on how to get connected to services. Create more voucher set-asides for older adults. Develop older-adult-specific supportive housing and rapid rehousing programs. Connect providers to leaders of SPA-specific coalitions for service information.

BENEFITS CONNECTION

Offer co-located benefit assistance at community access centers where older adults experiencing homelessness obtain food, shelter, and other resources. Develop greater flexibility in Medi-Cal managed care enrollment and provider assignment. Connect older adults experiencing homelessness to

Medicare benefits and Medicare-funded healthcare whenever possible. Educate providers on proposed CalAIM Medi-Cal Waiver. Offer training on the Medicare and Medi-Cal programs.

INFORMATION SHARING

Provide more comprehensive access to HMIS for non-traditional providers. Include [in HMIS] the location of the older adult experiencing homelessness and a summary of needs. Better utilize existing sources of information sharing such as justice-involved reentry points, SPA-specific homeless coalitions, racial and culturally appropriate health prevention programs, and L.A. universities (Charles Drew University of Medicine and Science, University of Southern California, and the University of California at Los Angeles). Formalize information sharing by creating rosters of provider contacts and develop and maintain an extensive database to sustain the information. Create an [AB 210 Multi-Disciplinary Team \(MDT\)](#) with older adult and homeless services provider partners.

TEAM BUILDING

Offer team building support within organizations and across sectors. Create culturally-appropriate MDT and case conferencing opportunities involving the following providers: mental health (including a hoarding specialist), benefits specialists, Adult Protective Services (APS), Office of the Public Guardian, senior centers, aging services, faith-based organizations, intergenerational programs, homeless services providers, housing property managers, peers with lived experience, and independent living centers. Include older adults in planning and team building. Invite Older Adult Housing Navigators to landlord-specific engagements. Improve coordination of the older adult, mental health, and housing sectors. Create real-time team building opportunities for sharing privacy-protected case information

via encrypted email using a case vignette and task force template to increase collaboration and immediate response.

STRUCTURE

Convene a monthly or quarterly meeting to share resources and build professional relationships. Hold quarterly case conferencing calls with professional experts. This should be a place where new providers can connect, be trained, build relationships, and network. Use [SPA-specific] coalitions as a focal point with part-time or dedicated staff. Establish older adult service navigators in each SPA. Build smaller provider capacity and connections.

FOCUS ON EQUITY

Create an equity focus to determine and address vulnerabilities. Use a peer-to-peer workforce model. Incorporate healthcare workers into the homeless services system. Bring new providers into [SPA-specific] coalitions, including aging services providers, healthcare providers and clinics, elder abuse specialists, and affordable housing providers. Explore enhancements to Los Angeles [Full Service Partnership](#). Contribute to United Way's Older Adult Systems Modeling Workgroup.

WORKFORCE TRAINING

Create a centralized forum to provide training on age-related issues. Provide mentorships. Train [homeless services] workforce to work with vulnerable older adults experiencing homelessness, including unique assessment considerations. Train emergency responders and law enforcement. Offer Healthcare Employment Advancement Ladder (HEAL) certification for people with lived experience. Offer advanced practitioner training modeled on Substance Abuse and Mental Health Services Administration (SAMHSA) clinician training. Offer training on Health Insurance Portability and

Accountability Act (HIPAA) focused on navigating privacy requirements. Provide training on trauma-informed care, hoarding disorder, conservatorships, and AB 210 MDTs.

RESULTS

Create a realistic timeframe, objectives, process measures, data collection methods and tools. Identify what success looks like in the areas of staffing, training, service delivery, and assessment. Consider the impact on older adults, frequent users of health-care services. Evaluate results of cross-sector convenings and use results to drive advocacy.

SPAS 4, 5, 6 :

POLICY RECOMMENDATIONS

SERVICES:

Enhance coordination of services for In-Home Supportive Services (IHSS) beneficiaries to better serve vulnerable older adults at risk of or experiencing homelessness.

FUNDING:

Increase Older Americans Act funding for older adults experiencing homelessness. Develop a new Medi-Cal benefit for street medicine. Create more rental subsidies for older adults to address cost of living increases. Increase availability of American with Disabilities Act (ADA) accessible housing by incentivizing landlords of older properties to make ADA adaptations and establishing a funding pool for reasonable accommodations and renovations. Incentivize senior living communities to rent to older adults experiencing homelessness.

SYSTEM ALIGNMENT:

Develop strong Los Angeles leadership on aging at the County and City. Create a countywide system of

multi-disciplinary teams for older adult and homeless services providers to enhance collaboration, problem solving, and information sharing.

HOUSING:

Study Los Angeles supply and demand for affordable housing. Incentivize creation of non-traditional housing (e.g., Accessory dwelling units and shared housing). Systematically work with Los Angeles housing developers to create additional affordable housing for older adults. To address issues of displacement, develop a hotel (e.g. Project Home-key) with tiered services for older adults. Prioritize older adults for housing during the COVID-19 pandemic and ongoing.



Medi-Cal: Things To Know

CALAIM ILOS

- Health Reimagined, one of the goals listed in the [Master Plan For Aging](#), best aligns with the vision of CalAIM ILOS. The proposed strategies aim to broaden health care by advocating for a universal Long-term Supports and Services (LTSS) benefit, increasing home and community-based services via CalAIM In Lieu of Services (ILOS), nursing home innovation; and, expanding home and community alternatives to include telehealth, patient monitoring, and community health workers to conduct health and wellness checks on older adults. The expansion of geriatric care, another key strategy, would involve the implementation of geriatric training required for state licensing, expanding a statewide geriatric emergency department, and the addition of gerontologists and geriatric social workers in interdisciplinary teams. This would also include the continuation of the COVID-19 ad hoc geriatrics advisory group. Overall, this goal encourages the use of integrated systems and interdisciplinary teams to deliver person-centered services that promote independent living.

MEDI-CAL WAIVER PROGRAMS

- Medi-Cal waivers offer specified groups of individuals a variety of services otherwise not covered due to federal Medicaid requirements. As a result, Home and Community-based Services Waivers 1915(c) (HCBS) were created to offer eligible Medi-Cal beneficiaries alternatives to institutionalized long-term care facilities. Services attached to these waivers can be delivered in a person's home or "home-like" community settings. California currently has seven Home and Community Based Services 1915(c) waivers including the [Assisted Living Waiver \(ALW\)](#).
- The ALW allows older adults and people with diagnosed disabilities, between the ages of 21-64 years, to receive services in Residential Care Facilities for The Elderly (RCFEs), Adult Residential Facilities (ARFs), or public subsidized housing in lieu of skilled nursing facilities (SNFs). Additional eligibility criteria requires that beneficiaries have full scope Medi-Cal with zero share of cost (SOC) and must meet nursing facility levels of care (NFLOC).
- As of 2018, the ALW waiver program requires that 60 percent of new applicants be transferred from institutional nursing facilities. Services offered include assistance with activities of daily living (ADLs); elevated medical services including: skilled nursing, transportation, recreational activities, and housekeeping. While the ALW covers services, it does not cover a person's board and care. However, for those with qualified income, SSI may provide an additional state supplementary payment to cover the costs of board and care.

HCBS SPENDING PLAN

- The Community Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations would provide health and personal care services in community settings such as a home, independent livings settings (i.e., permanent supportive housing) and community care settings (i.e, RCFE , ARFs, and affordable housing). Such a pilot would result in reduced health care costs and also, would ensure health care delivery to vulnerable individuals living in least restrictive settings. Particularly, re-entry hubs consisting of interim housing and board and care settings with onsite health and behavioral health support would be established targeting the justice-impacted population. Individuals would be assisted with housing navigation to connect them to permanent housing upon exiting these settings. As a part of this pilot, participants would receive an economic stimulus payment in addition to employment services in order to support their transition into the community similar to the Returning Home Well initiative, a COVID-19 response effort to support the increased number of individuals who were released from state prison during the pandemic.
- The addition of 7,000 ALW slots would eliminate the existing Assisted Living Waiver waitlist. Currently, 5,620 out of 5,744 slots are filled as of May 2021. The current waitlist consists of 4,900 beneficiaries and an additional 1,300 approved beneficiaries awaiting placement to complete enrollment. Creating additional slots would also encourage RCFEs and ARFs to reconsider their participation in the ALW program thus creating more placement availability. Furthermore, the *Community Care Expansion Program (CCE)* will provide \$850 million in funding to counties for the development and preservation of RCFEs, ARFs, and residential care facilities for the chronically ill (RCFCIs). The CCE program will specifically address the shortage in residential care facilities that accept SSI/SSP recipients.
- As a part of the *Housing and Homelessness Incentives Program*, managed-care plans would earn incentives for making investments focused on ending homelessness and keeping people housed. It would be required that 85% of funds go toward beneficiaries, providers, and local continuums of care. DHCS would determine the metrics (i.e., point in time count) used to allocate funding. Target populations would include older adults, persons with disabilities and/or mental diagnoses, and those transitioning out of incarceration, hospitalization, or institutionalization. This proposal calls on managed-care plans and local CoCs to partner with public hospitals, public health and behavioral health entities, local housing departments to develop a homeless plan that includes mapping the continuums of services focused on homeless prevention, rapid re-housing, interim housing, and permanent supportive housing, a gaps/needs assessment, and a strategy to integrate incentives program services into the homeless system and a description on how funds will prioritize aging persons with disabilities who are currently unhoused.

POLICY RECOMMENDATIONS, AUGUST 2021

Coalition on Solutions to Older Adult Homelessness: Advancing Master Plan Goals

Across the nation and throughout the state of California, the homeless population is growing older.¹ With older adults making up the fastest-growing segment of California's homeless population, attention to older adults experiencing or at risk of homelessness must be a key part of the state's strategy to solve its homelessness crisis. A 2020 report from USC estimates that Los Angeles County will see a 5% increase in the number of older adults experiencing homelessness and a 103% increase among those 65 and older by 2030.² A study of homeless older adults living in Alameda County found nearly half of those participating experienced their first episode of homelessness after the age of 50.³

Older adults experiencing homelessness face significant medical complications which lead to premature aging and physical conditions that far exceed their biological ages. While the focus of the Master Plan on Aging is adults over age 60⁴, research shows that adults over 50 experience geriatric and medical conditions that lead to decreased functional abilities and cognitive decline at rates on par with housed counterparts who are 20 years older.⁵ As a result, researchers report concerns that health care and nursing home costs will increase significantly as this population ages and will present challenges to traditional approaches of screening, prevention, and treatment of chronic diseases in an aging homeless population.⁶

POLICY RECOMMENDATIONS:

To guide state policy on homelessness among older adults, a coalition of aging and housing providers and advocates, along with disability rights advocates, urges the State consider the following recommendations:

- 1. Create a Targeted Rental Subsidy Program** providing grants to community-based agencies serving older adults at risk of or experiencing homelessness.
- 2. Use Assisted Living Waiver and Home and Community-Based Alternatives Waiver Programs** to promote integration of housing and services, allowing older adults to remain independently housed or gain access to independent housing.
- 3. Pursue Additional Opportunities to Integrate the Program** for All-Inclusive Care for the Elderly into supportive housing.
- 4. Increase the State Supplemental Payment** to allow older adults to access and maintain housing stability.

¹ Culhane, D., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., & Schretzman, M. (n.d.). [The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?](#) Actionable Intelligence for Social Policy University of Pennsylvania.

² Gabriel, I., & Ciudad-Real, V. (2020). [State of Homelessness in California Fact Sheet](#). University of Southern California. Homelessness Policy Research Institute.

³ Brown R.T., Goodman L., Guzman D., Tieu L., Ponath C., Kushel M.B. (2016) [Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study](#).

⁴ Master Plan for Aging. (2021). [California Department of Aging](#).

⁵ Brown, R.T., Hemati, K., Riley, E.D., et al. (2017). [Geriatric conditions in a population-based sample of older homeless adults](#). The Gerontologist.

⁶ Culhane, D., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., & Schretzman, M. (n.d.). [The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?](#) Actionable Intelligence for Social Policy University of Pennsylvania.

RECOMMENDATION #2:

Use Medi-Cal Home and Community-Based Services Waiver Programs to Meet the Goal of Bridging Health Care with Home & Increasing Access to Healthcare Service

PERSONS EXPERIENCING HOMELESSNESS NEED MEDI-CAL FUNDED SERVICES TO LIVE INDEPENDENTLY

Our homeless and health systems have successfully integrated Medi-Cal funded services with housing, but not at a systematic or scalable level we need to achieve the goal of ending homelessness among older adults. Even supportive housing does not typically offer services that address cognitive deficits or functional challenges that older adults experiencing homelessness often face. This failure leaves older adults who need higher level of care with few options when exiting homelessness, other than placement in institutional settings. It also limits older adults' ability to age in place and may lead to premature institutionalization.

ASSISTED LIVING WAIVER AND HOME & COMMUNITY-BASED ALTERNATIVES WAIVER PROGRAMS

Home and Community Based Services (HCBS) Waivers allow states to develop alternatives to nursing or other institutional care.¹⁰ The Assisted Living Waiver and Home and Community-Based Alternatives Waiver programs help Californians at risk of institutionalization to secure or maintain independence at home. If paired with supportive housing, both programs could help fill a gap in our housing continuum.

RECOMMENDATIONS TO REFORM CALIFORNIA ALW AND HCBWA PROGRAMS

To create new housing options to help older adults age independently, we propose the following changes:

- Collaborate to provide services in less restrictive settings, such as subsidized housing.** ALW services can be offered in subsidized housing, but few subsidized housing projects offer these services in independent, affordable housing. The Departments of Aging, Health Care Services, and Housing and Community Development should partner to ensure a portion of housing the state funds offer ALW services. Similarly, the state could pilot a program working with local housing authorities to prioritize older adults eligible for ALW and HCBWA for turn-over Housing Choice Vouchers.
- Prioritize older adults experiencing homelessness when an ALW or HCBWA waitlist exists.** Homelessness reduces life expectancy and increases the risk of mental illness and substance use.⁵⁰ For this reason, the state should prioritize this population for these services.
- Establish homelessness as a diagnostic and acuity category and adjust ALW and HCBWA payment to reflect higher acuity.** Homelessness puts older adults at greater risk of poor health outcomes, geriatric conditions, falls, and depression. People who have experienced homelessness also have higher health costs and remain hospital-

⁵⁰ [Older Adults Experiencing Homelessness](#). (2019). University of Southern California Homeless Policy Research Institute.

ized longer than their housed counterparts.⁵¹

- Make homelessness a criterion for higher payment tiers in ALW.** ALW has a complex 5-tier payment framework, with higher funding made available for services for beneficiaries meeting criteria in tiers 4 and 5. Adding “homelessness” and “recent history of homelessness” as an eligibility factor in ALW payment tier 4 and potentially 5 will ensure adequate payment for the intensive services people experiencing homelessness require. The state has the authority to set tier 4 criteria.
- Allow for site-based ALW and HCBAW service provision through interdisciplinary care teams placed at a housing site.** ALW and HCBAW providers create efficiencies through site-based care.
- Pay an additional \$5.4 million/year to add 1,000 ALW slots for older adults experiencing homelessness, and expand ALW to more counties.** Expanding ALW to serve people experiencing homelessness is an important strategy in reducing unnecessary institutional care. DHCS has proposed eliminating the ALW waitlist by increasing the enrollment cap by 7,000.⁵² DHCS estimates the additional ALW slots will cost the State \$38 million, ongoing. In 2020, 14,802 older adults aged 65+ accessed the homeless response system in California.⁵³ An estimated 7% (over 1,000 individuals) will need long-term facility care unless they are able to access ALW services in independent housing⁵⁴, reflecting a strong need for ALW services statewide.

- Eliminate barriers to building ALW provider capacity.** Allowing for concurrent submission of the Home Health Agency licensing and ALW program applications, and streamlining application and licensing processes, will shorten the two-year period to become a provider, fostering a network.



⁵¹ Culhane, D., Metraux, S., & Kuhn, R. (2018). *A Data-based Re-design of Housing Supports and Services for Aging Adults Who Experience Homelessness*. Actionable Intelligence for Social Policy University of Pennsylvania.

⁵² *Implementation of American Rescue Plan Act of 2021*. (2021). Department of Human and Health Services Centers for Medicare and Medicaid Services.

⁵³ *People Served through California's Homelessness Response System*. (2021). California's Homeless Data Integration System (HDIS).

⁵⁴ *Consumer Help*. (2021). California Association of Health Facilities.

Black-led Organizations to Support

The **I Did Something Good Today Foundation (IDSGT)** is a non-profit organization serving the older adult population facing social isolation. The IDSGT Foundation has programs that alleviate social isolations such as:

- **Adopt-a-Grandparent:** Volunteers are matched with older adults, commit to calling two to three times per week, and participate in a monthly outing.
- **GoldenTALK: 24/7** chat and crisis line for older adults. The chat and crisis line assists older adults experiencing social isolation and providing crisis referrals and resources.
- **TAYs and Grays:** Intergenerational program provides a bridge between older adults who experience social isolation and young adults who lack a parental figure or support.

Advocates for African American Elders (AAAE) uses academia and outreach to advocate for the needs of African American seniors in Los Angeles. AAAE uses its resources to build relationships with community organizations that serve Black older adults. AAAE also conducts research and community surveys to collect data and assess the needs of the Black older adult community, completing a homeless data research project in 2017. They also provide educational opportunities for the community surrounding mental and health conditions that disproportionately affect the Black older adult community. AAAE is affiliated with the University of Southern California (USC) Edward R. Roybal Institute on Aging within the USC School of Social Work.



Healthy African American Families (HAAFII) mission is to improve the health outcomes for African American, and other communities of color to enhance the quality of care and advance social progress through education, training, and collaborative partnering with community stakeholders, academia, researchers, and government. HAAFII serves the South Los Angeles, Black older adult population through mental health groups and intergenerational programs called BeRich Program and the Digital Divide for Seniors programs. The BeRich Program is a seven-week mental health support group that addresses depression and social isolation for older adults, using the course curriculum from Kaiser Permanente. The Digital Divide for Seniors program is an intergenerational program that provides technological support from young adults. The Digital Divide for Seniors program aims to provide technical support to access food deliveries and digital communication to stay connected

with loved ones and attend virtual medical appointments. The Digital Divide for Seniors program helps bridge the gap between the elders and the younger generations.

The Los Angeles Regional Reentry Partnership (LARRP) is a coalition of public, community, and faith-based agencies and advocates working to meet the needs of the reentry system. In addition to working with the reentry population, LARRP partners with organizations that serve the needs of older adults in Los Angeles. LARRP partners with the Christ Center Ministries and other organizations on an intergenerational pilot program. This program aims to provide older adult mentorship with a young adult that was previously in the foster care system. LARRP partners closely with the Los Angeles Mission, building permanent housing for people experiencing homelessness. The permanent housing units will be built/renovated on private land, using private funding. The goal is to have dedicated permanent housing units set aside for older adults who previously experienced homelessness.

Arming Minorities Against Addiction and Disease (AMAAD) provides community-based services to Black people and Black LGBTQ+ people in South Los Angeles. AMAAD uses the CARE Team Model, an

intersectional approach that engages clients with assistance in transitional housing, substance use, behavioral health, housing navigation, and referrals to resources/services. AMAAD programs such as the Housing Resilience Program, Project Roar, and Project Impact are all transitional housing programs offered to the community. Project Impact is a transitional housing site that provides linkage, navigation and encourages community building for people previously incarcerated. Project Impact is in four locations throughout Los Angeles County: Downtown Los Angeles, Watts, South Los Angeles, and the San Fernando Valley.

Support seniors in Los Angeles by investing in organizations like these!



UNITED WAY OF GREATER LOS ANGELES'S HOME FOR GOOD INITIATIVE UNIFIES THE COMMUNITY AROUND A BOLD VISION OF ENDING HOMELESSNESS IN L.A. COUNTY, PIONEERS APPROACHES, AND COORDINATES ACROSS DIVERSE, MULTI-SECTOR COALITIONS TO SCALE THE MOST TRANSFORMATIVE, EQUITABLE SOLUTIONS.

[HOMEFORGOODLA.ORG](https://homeforgoodla.org)