



IMPACTFUL INNOVATIONS: Serving a Vulnerable Aging Population



About CSH

CSH is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create over 335,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided \$1 billion in direct loans and grants for supportive housing across the country. Building on nearly 30 years of success developing multi and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at csh.org.

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Introduction

Housing that is accessible, affordable, and connected to appropriate services is essential for older adults to age in their communities.

The American population is experiencing profound demographic changes; over the next decade, the number of adults aged 50+ will increase by 20%, and 1 in 5 Americans will be over the age of 65. This “graying of America” comes with important implications for the country’s approach to housing and providing services for its aging households. Housing that is accessible, affordable, and connected to appropriate services is essential for older adults to age in their communities. However, seniors are currently facing escalating housing and medical costs, while the existing housing stock lacks basic accessibility features necessary for safely aging at home.¹ For our nation’s most vulnerable seniors, including those who are living in poverty, with mental health or substance use disorders, physical or intellectual disabilities, or facing other challenges, the scarcity of safe, affordable housing and services is particularly acute.

Among the nation’s extremely low-income households who are rent burdened, seniors are disproportionately represented, and the number of rent-burdened senior households has reached an historic high of 10 million.² Similarly, the average age of individuals experiencing homelessness has steadily risen in recent years. Today nearly half of all single individuals experiencing homelessness are over the age of 50; by 2050, the senior homeless population is expected to double.³ Approximately one third of people experiencing homelessness today were born during the second half of the “baby boom”—a cohort of the American population who has experienced homelessness at rates twice that of

¹https://www.jchs.harvard.edu/sites/default/files/jchs-housing_americas_older_adults_2014-ch1_0.pdf.

²https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Housing_Americas_Older_Adults_2019.pdfU.

³ Brown RT, Goodman L, Guzman D, Tieu L, Ponath C, Kushel MB (2016) Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. PLoS ONE 11(5): e0155065. <https://doi.org/10.1371/journal.pone.0155065>; <https://www.justiceinaging.org/wp-content/uploads/2016/04/Homelessness-Older-Adults.pdf>

any other cohort—and have aged while homeless,⁴ yet rates of first-time homelessness among all older adults are rising as well.

Homelessness not only leads to poor health outcomes for individuals but results in high-cost, potentially avoidable interventions, such as acute medical care, shelter stays, and institutionalization. The toxic stress, violence and lack of medical care associated with homelessness cause pre-mature aging and death; a 50-year-old experiencing homelessness presents with geriatric conditions, such as functional impairment, falls and memory loss, typical of a housed 70-year-old. The life expectancy of a person living on the streets is twenty years lower than the national average—years before age 65, which is the eligibility age for numerous benefit programs. Older homeless adults are four times more likely than younger people experiencing homelessness to have at least one chronic condition. High rates of mental illness, behavioral health challenges and isolation further put these adults at risk of institutionalization. All of these poor outcomes disproportionately affect seniors of color who face the compounding results of decades of discrimination and lack of opportunity in healthcare, housing, and employment.



⁴ <https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf>, pg. 2.

Background on Housing and Services for Older Adults

Supportive housing is a proven intervention that empowers older adults by pairing affordable housing with wrap-around voluntary support services to promote independence and allow people to thrive in their own homes as they age.

Communities across the country are responding to the needs of their vulnerable seniors in innovative ways using a mixture of resources available to them. Housing and services for low-income older adults can take a variety of forms and financing structures, ranging from low-subsidy affordable housing with minimal on-site services, to supportive housing. Supportive housing is a proven intervention that empowers older adults by pairing affordable housing with wrap-around voluntary support services to promote independence and allow people to thrive in their own homes as they age. It is a community-based alternative to assisted living and nursing homes.

Affordable and supportive housing both require capital and operations (or rental subsidy) funding, as well as funding for programs that offer services. Common sources of capital financing include the federal Low Income Housing Tax Credit (LIHTC), the Home Investment Partnership Program (HOME), and state or local Affordable Housing Trust Funds. Funding for rental subsidies often comes in the form of vouchers which allow a tenant to pay no more than 30% of their income toward rent. Most vouchers come from various programs offered by the U.S. Department of Housing and Urban Development (HUD) and are administered locally, including the 811 voucher specifically for older adults. Common sources of funding to cover operating costs include money allocated from HUD to the local Continuum of Care (CoC), a regional or local planning body that coordinates housing and services funding for homeless families and individuals. States, counties, and cities are also a common source of funding for rental subsidies. Service financing can come from CoCs; Area Agencies on Aging (AAAs); state, county, or city initiatives; philanthropy; and Medicaid or Medicare. For more information on capital, operations and service financing, visit your state's Home and Mortgage Finance Agency's website or CSH's resource library.⁵

Impactful Innovations: Six Models

This paper highlights six diverse projects and approaches that address local communities' need for housing and services for vulnerable older adults. Each of the models target different groups of vulnerable seniors and utilize a mixture of the funding sources listed above, along with other creative policy measures such as changes to zoning laws or money from Medicaid demonstration projects.

While these projects are local in nature and none will offer a “silver bullet” solution to the complex causes and effects of senior homelessness and housing instability, each presents a promising model that could be replicated across the country as part of larger strategic efforts to end and prevent homelessness for our society's most vulnerable members.

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1. New Jersey - I Choose Home NJ
 2. New York City - SARA and AIRS Programs
 3. San Diego - St. Paul's Program of All Inclusive Care for the Elderly (PACE)
 4. Massachusetts – Surge Initiative
 5. Vermont - Sash Model
 6. Los Angeles County – Santa Monica Preserving Our Diversity Initiative



New Jersey - I Choose Home NJ

I Choose Home NJ (ICH-NJ) is a state-wide program with the goal of moving people out of nursing homes and developmental centers back into their homes. ICH-NJ began in 2007 with grant funding from the Centers for Medicare & Medicaid Services (CMS). The grant's aim is to move away from institutional health care to a more community-based approach with more individual control and



freedom. As community-living is far less expensive than institutions, the program creates Medicaid savings. The state, as the Medicaid administration can reinvested those savings back into community-based housing and services. This funding can be used for training staff members, building small group homes and creating of more affordable housing options. New Jersey's program is a collaborative effort among divisions within the Department of Human Services: Division of Developmental Disabilities, Division of Disability Services, and the Division of Aging Services; and the Long-Term Care Ombudsman's Office.

ICH-NJ aims to demonstrate that, "a nursing home may not be the only option" for Medicaid-eligible individuals who prefer the comfort and independence provided by a home with appropriate supportive services. Any individual who has lived in a nursing home or developmental facility for 90+ days and is Medicaid-eligible can participate in ICH-NJ. While at-home services vary depending on the community Medicaid program in which the person is enrolled, they can include home health aides, adult day care, transportation and meal delivery. Before moving back into the community, the individual works with an

interdisciplinary team, including a social worker, discharge planner and family, to establish a comprehensive care plan and services.

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Since 2008, ICH-NJ has successfully transitioned 2,906 people from institutions back into community settings, surpassing its initial goal of 2,200 individuals by 2020. Nearly all nursing home residents age 65+ (989) and younger individuals (ages 18-64) with physical disabilities (965) have been able to move back into the community. The program has also allowed for the investment of \$33.3 million in Medicaid cost savings into groundbreaking initiatives to increase home and community-based options. For example:

- Money Follows the Person Housing Partnership Program (MFPHPP): The Division of Aging Services partnered with the New Jersey Housing and Mortgage Finance Agency (HMFA) and invested \$6.2 million of its ICH-NJ savings to develop housing for people 18+ who wish to leave nursing homes. Developers who apply to HMFA for project funding can also apply to receive \$75,000 in capital funding from the MFPHPP to set aside 1-bedroom units (up to 5 in one development) in targeted counties for individuals transitioning out of nursing homes.
- ICH-NJ advocacy also secured federal HUD 811 vouchers, to be used specifically for each of these units, making it very attractive for NJ developers. To date, 32 1-bedroom units have been allocated, 21 are pending HMFA approval, and several units are now open and occupied and/or under construction.
- ICH-NJ proposed and advocated for a contractual requirement that NJ's managed care organizations (MCOs) must hire dedicated and experienced Housing Specialists to help find and maintain housing for their members receiving Managed Long-Term Supports and Services Medicaid services. In addition to individual advocacy, Housing Specialists must develop an overarching housing plan/vision in conjunction with MCO management. All of NJ's MCOs now have Housing Specialists who report quarterly progress towards Medicaid/Housing metrics to the ICH-NJ team.

Through the State's participation in ICH-NJ, the Department of Human Service divisions and the Long-Term Care Ombudsman's Office, New Jersey Medicaid, New Jersey nursing homes, and NJ's managed care organizations have incorporated ICH-NJ's mission and processes into their operations. The success of this initiative makes a strong case for the continuation of the program, as well as systems-level transformations to expand Medicaid-funded services to assist with housing navigation and tenancy support services as part of NJ's next 1115c Medicaid Waiver Renewal Application.

New York City - SARA and AIRS Programs

The crunch for affordable senior housing is particularly severe in major cities like New York, where 6 in 10 renters age 65+ pay more than 30% of their income toward rent.⁶ As part of New York City's plan to dramatically increase the number and range of affordable housing units,⁷ the City's Department of Housing Preservation and Development (HPD), in coordination with other city departments, launched two initiatives to spur development: **The Senior Affordable Rental Apartments (SARA) Program and the Affordable Independent Residences for Seniors (AIRS) Program.**

SARA provides capital gap financing in the form of low-interest loans of up to \$75,000 per unit. These loans are for developers and can be used for the construction and renovation of affordable housing for seniors, 62+ years in age, with low incomes. Projects developed with SARA funding are required to set aside 30% of the units for homeless seniors referred by a City or State agency, typically the New York City Department of Homeless Services. The loan term is the development's construction period plus a minimum of 30 years post-conversion at an interest rate of 1% per annum plus a 0.25% servicing fee during construction. This program utilizes Project-Based Section 8 vouchers for rental subsidy for all senior units. The New York City Department for the Aging also dedicated \$5,000 of service funding for each non-supportive housing unit, for a period of five years.⁸

"It's a pleasure to have a roof over my head and have everybody here stick by me to make sure I keep a roof over my head. It's an honor."

- Patricia Marlou

New York City Supportive Housing Resident

⁶ <https://comptroller.nyc.gov/reports/aging-with-dignity-a-blueprint-for-serving-nycs-growing-senior-population/>.

⁷ <https://www1.nyc.gov/site/housing/index.page>.

⁸ <https://shnny.org/fundingguide/senior-affordable-rental-apartments-sara-program/>.

The Affordable Independent Residences for Seniors (AIRS) program similarly aims to incentivize developers to set aside housing units for low-income seniors by enabling zoning allowances permitted under the NYC Zoning Resolution. This program incentivizes developers by increasing the density, or Floor Area Ratio (FAR), allowed on development sites, thereby increasing the revenue for the developer and the number of units in a project.⁹

These programs have both seen early successes in increasing the flow of senior affordable units coming online and have potential for scaling and replication across the country in other dense cities facing housing shortages. Successfully replicating these programs would require cities' Housing Development Agencies and Aging Agencies to work together to assess the local need for units and affordability levels. A program modeled after SARA would likely require funding from multiple agencies for services and operating funds. While replicating the AIRS program does not require any funding to subsidize a policy, a city's planning department will have to make changes to the zoning regulations.



⁹ <https://www1.nyc.gov/site/planning/plans/zqa/zoning-for-quality-and-affordability.page>.

San Diego - St. Paul's Program of All Inclusive Care for the Elderly (PACE)

St. Paul's Program of All Inclusive Care for the Elderly (PACE) in San Diego is pioneering innovative PACE projects "specifically designed to keep you in your home by providing services in-home and at our wellness centers."¹⁰ While PACE is a well-known model for providing comprehensive medical and social services to frail older adults enrolled in both Medicaid and Medicare, PACE programs do not typically provide housing for their participants. PACE programs do provide all-inclusive medical, social, and home care services, equipping each individual with a care team comprised of medical professionals who can facilitate connections with specialists and service providers.

In order to help address San Diego's growth in elder homelessness, St. Paul's began partnering in 2013 with California-based housing developers. The developers provide housing, and St. Paul's offers the wrap-around supportive services to seniors who have or are currently experiencing homelessness and are eligible for the PACE program. This early work led to St. Paul's partnering with local San Diego developers and the San Diego Housing Commission to develop a low-income, supportive housing building for seniors who qualify for St. Paul's PACE. The Talmadge Gateway supportive housing development, which is open to seniors age 55+ who are experiencing homeless or exiting an institution where they were homeless prior to entry, is one result of the partnership between St. Paul's and Wakeland Housing & Development Corporation.



¹⁰ <https://www.stpaulspace.org/about/>.

*200 formerly homeless seniors with medical needs
requiring ongoing support have been connected to
housing and supportive services*

Since the opening of Talmadge Gateway, the first 100 percent supportive housing community in San Diego, 200 formerly homeless seniors with medical needs requiring ongoing support have been connected to housing and supportive services. Similar partnerships have led to the development of 11 apartments in the Parker-Kier development, 63 in the Celadon development, and 47 apartments in the Park West development.

This pioneering work to connect PACE with housing resources as a creative pathway out of homelessness for older adults is being scaled across the state of California. St. Paul's PACE is working with the state PACE association, CalPACE, Center for Elder's Independence (CEI), local PACE providers, and other organizations, including CSH, to adapt this model and pair PACE Services with housing. Currently, five housing developers are working to develop supportive housing buildings paired with PACE services. As a national model, PACE can be matched with local housing resources across the country to meet the service and housing needs of vulnerable seniors.



Massachusetts - Surge Initiative

Both the Commonwealth of Massachusetts and the City of Boston have made significant efforts to end chronic homelessness. In 2018 there were 471 chronically homeless individuals in the City of Boston, with 50% aged 50 years or older. Recognizing the increasing number of older adults experiencing chronic homelessness, the City and Commonwealth Executive Office of Elder Affairs launched a unique partnership within Boston's Way Home initiative linking housing and with a local PACE program. Together they created a "**Surge Event**" - a one-day initiative for attendees to be enrolled in services they need through PACE and to leave with an address of their own that very same day.

The Boston Housing Authority provided the housing units, while Mass Health and Executive Office of Elder Affairs coordinated the services. Leading up to the event(s), planning meetings were held with PACE providers to solicit input on program design and implementation, while MassHealth Nurses conducted a clinical eligibility review in advance to identify a potential cohort of eligible participants using health claims data. The Surge represented the first time in Massachusetts when public housing and Medicaid-funded care services were jointly available.¹¹



¹¹ <https://www.usich.gov/news/bostons-housing-surges-helping-older-adults-experiencing-chronic-homelessness-find-a-permanent-place-to-call-home/>

According to City and State Leaders for *Boston's Way Home*, the success of these events relied on several key factors:¹²

- **Securing housing preferences:** Negotiations between the City of Boston and the Boston Housing Authority (BHA) resulted in specific set-aside units for participants. The Continuum of Care provided tenant-based vouchers to individuals otherwise ineligible for a BHA unit.
- **Data Sharing:** The City of Boston and MassHealth entered into a data sharing agreement. This allowed MassHealth to pre-screen the city's list of people experiencing chronic homelessness to identify those who are also enrolled in MassHealth, and would most benefit from attending The Surge.
- **Scheduling and Transportation:** The event took place early in the morning, and shelters and outreach vans provided transportation to The Surge.
- **Providing individual pathways:** Individuals arriving at The Surge event were greeted at the door, received a "passport" customized to their unique needs and were assigned a volunteer ambassador to guide them through the day-long process.
- **Same-day housing:** The event's planners made vacant units immediately available to participants. Event staff screened participants on-site for income and eligibility, and the Social Security Administration attended the event to assist with documentation.
- **Coordinating health care services:** MassHealth connected eligible members with health care services and individualized care coordination including the Program of All-Inclusive Care for Elders (PACE), and health plans Senior Care Options and One Care.
- **Identifying a Primary Organizer:** To better coordinate operations and communications between participating agencies, the city contracted with an independent third party organization to act as the primary organizer and contact. This additional layer of support and organization was essential to the event's success.

The Massachusetts Surge events illustrate an innovative, rapid approach to linking comprehensive services and housing, which are typically separate, labyrinth systems, for highly-vulnerable elders experiencing chronic homelessness. The success of the Surge events highlights the potential for scale and replication in other cities facing elder homelessness.

¹² Ibid.

Vermont - SASH Model

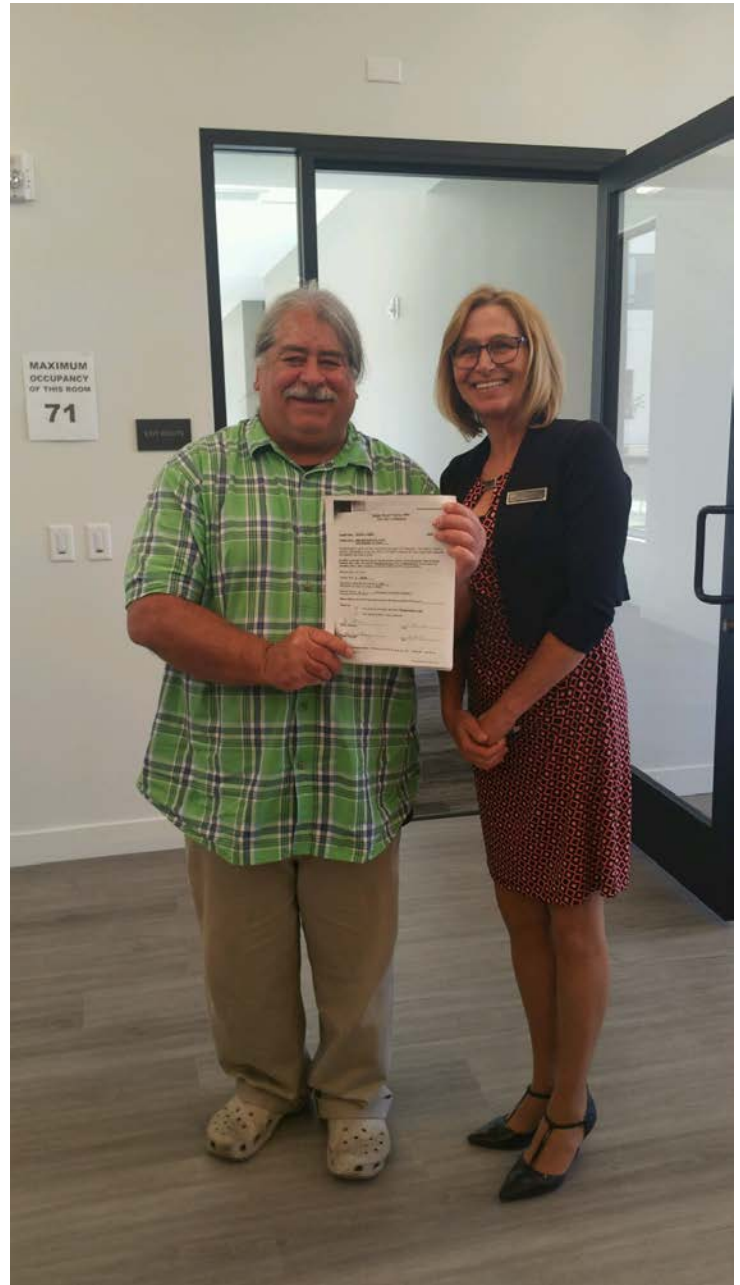
Launched in 2008 by the nonprofit housing provider *Cathedral Square Corporation* (CSC) in Vermont, the **SASH (*Support and Services at Home*)** program connects frail, elderly residents living in CSC affordable housing buildings to community-based supportive health and social services. SASH is an integrated affordable housing plus services model aimed at promoting care coordination, improving health outcomes and slowing the growth of Medicaid costs for high-need elders, who prior to the program were not receiving sufficient services to be able to remain safely in their homes. Groups of 100 participants are served by an integrated team that includes a coordinator and a wellness nurse. Services provided to SASH participants are driven by individualized case plans and include health and wellness assessments, on-site one-on-one nurse coaching, care coordination with providers, and health and wellness group programs. Local service providers often offer additional services including community activities and wellness workshops.

Early successes led to a state-wide expansion, and today SASH operates across the state with more than 4,000 participants who are Medicare-enrolled and living in a participating affordable housing residence. Several locations have also launched community programs to enroll seniors outside the target residences. CSC oversees the program at the state level, while six Designated Regional Housing Organizations (DRHOs) oversee the program implementation in their specific region. At the community level, services are delivered via SASH panels, which are operated by more than 20 affordable housing organizations in their properties (SASH sites). Among the 54 panels of participants, a majority are residents of U.S. Department of Housing and Urban Development (HUD) properties or Low-Income Housing Tax Credit (LIHTC) properties.

Between 2011 and 2016, the HHS Centers for Medicare & Medicaid Services (through the MAPCP Demonstration) served as the primary funding source, which provided a per-beneficiary, per-month payment to cover the cost of the coordinators and wellness nurses. Medicaid, the State of Vermont, and a combination of agencies together helped to fund program operations and expansion across the state.

In 2017, HHS conducted an evaluation to assess the impact of SASH looking at quantitative and qualitative review of four years of Medicare claims data and interviews with SASH staff, participants, and key stakeholders. The study found uneven results in slowing Medicare expenditures across the different panels, but for some cohorts the growth in annual Medicare expenditures was slower by an estimated \$1,227 per-beneficiary per year. Medicare claims data also demonstrated that the same cohort of participants experienced slower rates of growth for hospital and specialty physician costs. However, the evaluation found no evidence of decreased Medicare costs for participants in later panels. All-cause hospital admissions were lower for SASH participants when compared to nonparticipants. However, there was no evidence that the SASH program reduced the rates of emergency room visits.¹³ The qualitative evaluation, based on experiences of staff and participants, found that SASH had a positive impact on participants' quality of life and functional status.

These findings present an opportunity for scaling and replication by building on lessons learned to improve efficiency and establish a sustainable funding model. A comprehensive training program, both at program outset in and as regular course of business, ensures that staff maintain the necessary knowledge and skills to best serve SASH participants. Staff interviews for both site-based and community-based panels identified the number of hours for the wellness nurse as a major challenge. Increasing nurse hours could result in greater impact for participants, especially for community-based participants. Building relationships and fostering collaboration across service provider agencies is a key component for success in SASH. Researchers concluded that any replication of SASH should plan for time spent educating agencies and clearly defining roles and responsibilities to avoid any "real or perceived duplication of services."¹⁴ Finally, states and localities looking to replicate the SASH model will need to partner to find funding for program operations.



¹³ Kandilov, Amy, et al. "Support and Services at Home (SASH) Evaluations: Evaluation of the First Four Years." Washington, DC: Office of the Assistant Secretary for Planning and Evaluation (2017).

¹⁴ Ibid.

Los Angeles County – Santa Monica Preserving Our Diversity Initiative

The City of Santa Monica launched a rental subsidy pilot in 2017 to assist long-term city residents who are rent burdened. The pilot emerged as a response to the city and country-wide homelessness crisis, which has grown by 50% since 2011.¹⁵ The **Preserving our Diversity** pilot offered rental assistance ranging from \$200 and \$600 a month to 22 seniors age 62+ who had lived in rent-controlled apartments since at least 2000. The pilot proved a success, with 17 of the 22 participants still in their apartments by the pilot's end. Of those who left the pilot, three received rental assistance vouchers through another program, one moved to another city, and one passed away.

The City issued a survey of elderly residents in 2019 and found that many were sacrificing needed medical care and/or groceries in order to pay their rent. Recognizing the continued need for rental assistance, the Santa Monica City Council voted in August 2019 to allocate \$2 million to scale the pilot and offer rental subsidies to approximately 400 residents. The program, set to begin in 2020, will offer a rental subsidy ranging from \$250 to \$700, depending on household size and income.¹⁶ In order to be eligible, seniors must be age 65+, have lived in a rent controlled apartment since January 1, 2000, and have a household income equal to or less than 50% of area median income (AMI), which is the HUD's standard metric for "Very Low Income."¹⁷

Advocates for the initiative cite the fact that a \$2 million investment might only create 3-4 units of newly constructed affordable housing, but it will also prevent 100 times from being displaced from their current home. Councilmember Mitch O'Farrell, 13th Council District in the City of Los Angeles, wants to replicate the Santa Monica rental subsidy program in Los Angeles due to its success. This initiative, while small in scale, is an effective short-term way to prevent homelessness and the poor health outcomes and costs particularly acute amongst older adults. This initiative can be replicated in across Los Angeles county, as well as other urban areas where rapidly rising rents and dislocation are affecting large numbers of seniors. The Santa Monica Preserving Our Diversity initiative is part of a larger regional approach to address the causes of homelessness.¹⁸

¹⁵ <https://www.latimes.com/local/lanow/la-me-ln-homeless-count-encampment-affordable-housing-2019-results-20190604-story.html>.

¹⁶ <https://www.smdp.com/low-income-seniors-can-apply-for-rent-subsidies-starting-today/182416>

¹⁷ <https://www.santamonica.gov/housing-pod>.

¹⁸ <https://www.smdp.com/low-income-seniors-can-apply-for-rent-subsidies-starting-today/182416>.

CONCLUSION

Each of the models and initiatives described in this paper aims to address a critical challenge for communities across the country: ensuring that the growing population of older adults is able to age with dignity in their homes. The causes and consequences of homelessness and housing instability are complex, but the solutions will require creativity and collaboration across aging services, the healthcare sector, homeless services, supportive and affordable housing developers, and all levels of government. To effect change, local stakeholders need to come together, assess the scope and scale of need, design policies and programs leveraging currently available resources, and advocate for system-wide change that can stem the tide of homelessness and housing insecurity for older adults in their community. The models described above should serve as a starting point for conversation sparking ideas and innovation.



