

How to Prevent and End Homelessness Among Older Adults

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Introduction

Older adults are at greater risk of homelessness than at any time in recent history. The population is aging, and more adults are aging into poverty. At the same time, housing is becoming more unaffordable and the costs of necessities like health care are rising, leaving older adults at risk of poverty and homelessness.

This special report outlines the problem, the reasons for increased homelessness among older adults, and recommends policy solutions that can be put in place now to ensure that all older adults have a safe place to age in dignity, with affordable health care, and sufficient income to meet their basic needs.

A Growing Problem

As 10,000 people turn 65 every day in the US, and the population ages in general, the homeless population will age. Based on demographic trends alone, it is predicted that homelessness among people age 65 and older will more than double by 2050, from over 44,000 in 2010 to nearly 93,000 in 2050.¹ When one considers economic factors, even more seniors are aging into poverty and homelessness. A 2015 analysis of federal and state poverty data under the Supplemental Poverty Measure (SPM), found that 45% of adults age 65 and older were “economically vulnerable” with incomes below 200% of the poverty threshold in 2013.² Such individuals

1 M William Sermons and Meghan Henry, Homelessness Research Institute, *The Demographics of Homelessness Series: The Rising Elderly Population*, (April 2010), available at, http://www.endhomelessness.org/files/2698_file_Aging_Report.pdf.

2 The Henry J. Kaiser Family Foundation, *Poverty Among Seniors: An Updated Analysis of National And State Level Poverty Rates Under the Official and Supplemental Poverty Measures*, (June 2015), available at, <http://files.kff.org/attachment/issue-brief-poverty-among-seniors-an-updated-analysis-of-national-and-state-level-poverty-rates-under-the-official-and-supplemental-poverty-measures>.

are at risk of homelessness. Many poor and economically vulnerable seniors are paying too large a proportion of their incomes for basic necessities like housing and health care, leaving little left for emergencies. In addition, declining pensions and stagnant wages make it difficult for low and middle income people to save for retirement. More retirees than ever are relying solely on Social Security and SSI. Even seniors with pensions often find their incomes do not keep up with the cost of living, leaving little cushion for financial crisis like the recent recession. Many people—who would have otherwise been financially stable as they entered retirement—lost their jobs or retired during the Great Recession, leading to lost homes and savings they may never recover. All of these factors point to a rapid rise in the elderly homeless population in the coming decades.

High Housing Cost Burden

The inability to afford housing is increasing the risk of homelessness for many seniors. There is a perception that older adults have limited housing costs because they live in homes that they own and have paid off. That is not the case for an increasing number of older adults who rent or owe mortgage payment on their homes. More than one in three households (38% or 8.7 million households) with an older adult face a high housing cost burden and more than one in five (21% or 4.8 million) experience a severe cost burden.³ This high housing burden exposes more seniors to the risk of homelessness. The risk is particularly high among the lowest income seniors, those who rely on SSI. In California, for example, an older adult renting a one bedroom apartment would exhaust the entire SSI benefit on housing alone,⁴ and in many jurisdictions, the benefit fails to cover average apartment rents.

High Health Care Costs

Health care costs account for a higher percentage of older adults' expenses than for the general population, leaving them with less income to afford housing. While Medicare provides health care coverage to most people age 65 and older, it does not cover all health care and longer term care costs. While the very lowest income Medicare beneficiaries are eligible for Medicaid to pay for these additional costs, most Medicare beneficiaries are liable for cost-sharing in the forms of premiums, deductible, and co-pays. In addition, Medicare provides limited or no coverage for dental, hearing, and vision services, and neither does Medicaid. People with Medicare have no coverage for long-term services and supports, unless they become so poor that they qualify for Medicaid, and Medicaid coverage is limited. Costs that are not covered by Medicare add up. The average older adult pays \$4,734 per year in out-of-pocket health care costs,⁵ three times more than non-Medicare households.⁶ These high healthcare costs can leave older adults on the brink of homelessness, facing difficult choices between having enough money to pay rent and paying for needed medical services and prescriptions.

3 M William Sermons and Meghan Henry, Homelessness Research Institute, *The Demographics of Homelessness Series: The Rising Elderly Population*, (April 2010), available at, http://www.endhomelessness.org/files/2698_file_Aging_Report.pdf.

4 The Elder Economic Security Index, average housing expenses for a renter in a one bedroom apartment in California is \$882, <http://www.basiceconomicsecurity.org/EI/location.aspx>.

5 The Henry J. Kaiser Family Foundation, *How Much is Enough? Out-of-Pocket Spending Among Medicare Beneficiaries: A Chartbook*, (July 2014) available at, <http://kff.org/medicare/report/how-much-is-enough-out-of-pocket-spending-among-medicare-beneficiaries-a-chartbook/>.

6 The Henry J. Kaiser Family Foundation, *Health Care on a Budget: The Financial Burden of Health Spending by Medicare Households*, (January 2014), available at, <http://kff.org/medicare/issue-brief/health-care-on-a-budget-the-financial-burden-of-health-spending-by-medicare-households/>.

“Home saves your life; homeless kills you.”



Bill is a 67 year old Oakland, CA resident. His father was in the military, and, as a child, he followed his father around the country wherever he was stationed. When he was 20, Bill moved to San Francisco and found himself a studio apartment in the Western Addition. Bill worked his way up in several different entry level jobs—as a boat carpenter at the marina for seven years, in the savings and loans department of a bank for 15 years, at a law firm for seven years. Bill got married and continued to live in San Francisco. When Bill was in his late 50s, things took a drastic turn. He became chronically ill and his wife passed away. Suddenly, he was no longer able to work, no longer had the support of a spouse,

and he became homeless. For three years, he was without stable shelter—in and out of shelters and programs, often sleeping in Alamo Square. Without consistent housing, he had trouble keeping up with his medication and getting adequate health care, even though he qualified for Medicaid. His health worsened.

“I started in a studio when I got here in 1971, now I’m back in a studio in my end of days... if I didn’t have HUD [supportive housing], I’d probably be in the streets or somewhere dead.”

Then, as Bill tells it, he got lucky: After being on the waitlist for Section 202 supportive housing for seniors, he got a studio apartment in Oakland for residents 62 and over, across the street from a senior center. He now has access to crucial services that allow him to age in dignity: case management, inclusion in a community, social opportunities, classes, transportation, meal programs, health screenings, and assistance with public benefits. Though his cinderblock studio is quite small, he has room for his fish and plants, and—his favorite part—the studio has a little balcony so he can sit outside and survey the neighborhood. Bill getting access to subsidized supportive housing, which he can afford with his monthly Social Security check, has literally meant the difference between life and death.

Stagnant Wages, Disappearing Pensions, and the Great Recession

Older adults are increasingly at risk of homelessness when their economic security is threatened. A number of economic factors have combined over the last several decades to decrease the economic security of many of today’s seniors and near seniors, positioning them just one misfortune away from homelessness.

Stagnating wages since the 1980s made saving difficult, especially for low and moderate income people.⁷ Many seniors are working past the age of retirement in low-wage jobs, not because they want to, but because they have to. Over 28% of Americans age 50-64 have no retirement savings, while the average balance of those who do have some savings is only \$150,000.⁸ Defined benefit pensions, which were once widespread, are disappearing. Only 41% of private-sector employers

⁷ Economic Policy Institute, *Raising America’s Pay*, available at, <http://www.epi.org/publication/stagnant-wages-in-2014/>.

⁸ Theresa Ghilarducci, The Schwartz Center for Economic Policy Analysis, *Inadequate Retirement Account Balances for Families Nearing Retirement*, (2013), available at, http://www.economicpolicyresearch.org/images/docs/retirement_security_background/Inadequate_Retirement_Account_Balances_for_Families_Nearing_Retirement.pdf.

have any kind of pension plan at work, including traditional pensions and 401K type plans.⁹

During the recession, many people age 50-65 lost equity in their homes or lost their homes entirely. Lower-income homeowners 50 and over hold most of their wealth in home equity, compared to higher earning groups. As a result, members of this group lost 30 percent of their net wealth between 2007 and 2010 because of the housing crash.¹⁰ Those who became renters are now at the mercy of the country's rental affordability crisis. Among homeless adults age 50 and older, 44% were never homeless before 50.¹¹

The Great Recession had a particularly negative impact on the “near senior” population, those age 50-65. Many lost equity in their homes or lost their homes entirely. They were also the most likely to have lost a job and had trouble finding a new one.¹² The loss of employment means they were more likely to have dipped into savings and/or taken their Social Security benefits early,¹³ decreasing their value over time.

Special Challenges of the Aging Homeless Population

Older adults struggling with homelessness face a unique set of challenges.

Premature Aging

Homelessness can age a person prematurely and lead to life expectancies that can be years lower than the general population. Homeless adults aged 50 years and older have rates of chronic illnesses and geriatric conditions similar to or higher than those of housed adults 15 to 20 years older, including conditions often thought to be limited to the elderly, such as falls and memory loss.¹⁴ Sleeping outdoors can be a health strain even for young, healthy individuals, but for older adults and for people who already have chronic health problems or disabilities, it is particularly harmful. It is much more difficult to manage illnesses like diabetes that require a refrigerator for medicine. Following a prescribed diet while relying on shelter food is also a challenge. Additionally, the inability to stay warm and get sufficient rest can cause health problems to worsen.¹⁵

Accessibility Challenges and Difficulty Performing Activities of Daily Living

Frequent falls, loss of strength and mobility, and other common conditions of aging that impact mobility are more difficult to manage on the street and in homeless shelters. Homeless people are unable to modify their physical environment to match their physical limitations, and

9 Theresa Ghilarducci, The Atlantic, *When it Comes to Retirement Savings, Most Workers are on their Own*, (October 19, 2015), available at, <http://www.theatlantic.com/business/archive/2015/10/when-it-comes-to-retirement-savings-most-workers-are-on-their-own/411259/>.

10 Joint Center for Housing Studies of Harvard University, *Housing America's Older Adults: Meeting the Needs of an Aging Population*, key facts, available at, http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs_housing_americas_older_adults_2014_key_facts.pdf.

11 Lee CT, Guzman D, Ponath C, Tieu, Riley, E, Kushel, M. *Residential Patterns in Older Homeless Adults: Results of a Cluster Analysis* Soc Sci Med. 2016 Mar; 153:131-40. Doi: 10.1016/j.socscimed.2016.02.004.Epub 2016 Feb 10. PubMed PMID: 26896877; PubMed Central PMCID: PMC4788540.

12 Catherine Rampell, The New York Times, *In a Hard Economy for all Ages, Older isn't Better...It's Brutal*, (February 2, 2013), available at, http://www.nytimes.com/2013/02/03/business/americans-closest-to-retirement-were-hardest-hit-by-recession.html?_r=0.

13 Id.

14 Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. *Geriatric Conditions in a Population-Based Sample of Older Homeless Adults*. Gerontologist. 2016 Feb 26. Pii: gnw0111.[epub ahead of print]PubMed PMID: 26920935.

15 Hearth, Inc. and CSH, *Ending Homelessness Among Older Adults and Seniors Through Permanent Supportive Housing*, (December 2011), available at, <http://goo.gl/EfskJs>.

adaptive equipment such as walkers and glasses may be broken, stolen or lost.¹⁶ Features of the shelter environment, such as bunk beds and shared bathing facilities, may increase the risk of falls and injury. Distances between services such as food, housing or social services are a challenge for those who have limited mobility.¹⁷ Waiting in long lines for food and other services can also be a challenge.

In addition, homeless older adults are also more likely to experience difficulty in activities of daily living (ADLs), such as bathing and dressing, at a younger age than the general population. These types of functional impairments occur in 30% of homeless adults in their 50s and early 60s—a prevalence exceeding that of housed adults who are 20 years older.¹⁸

Crime

In 2006, 27% of the homeless victims of violent crimes were between 50-59 years old.¹⁹ As a result, elderly homeless individuals may avoid shelters and other services due to distrust and become more likely to sleep on the street.²⁰

Trouble Accessing Benefits

Public benefits programs can help some homeless older adults get the services they need to age in a safe, sheltered environment, but getting connected to those benefits is not always easy. Physical and cognitive difficulties as well as the lack of a permanent address can be a barrier to applying for and receiving benefits that provide basic income support and health care. Some homeless persons are unaware of their own eligibility for public assistance programs and face difficulties applying for and receiving benefits. Elderly homeless persons in particular often need help navigating complex application processes for public benefits programs.²¹

Risk of Institutionalization

The risk of institutionalization for homeless older adults is great, due to the lack of sufficient funding for, and development of, alternative housing solutions. Because many homeless older adults do have great health care needs and need support in activities of daily living, sometimes the only permanent shelter available to them is a nursing home; or worse, a jail or a psychiatric hospital. Individuals experiencing chronic homelessness are often caught in an “institutionalization circuit,” cycling between living on the street or in a shelter and living in an institution.²² Because Medicaid funding pays for nursing homes, they are often the only placement options for very low-income older adults and people with disabilities. This practice is contrary to the spirit of the Supreme

16 Kushel M. *Older Homeless Adults: Can we do more?* J Gen Med. 2012 Jan; 27(1):5-6. doi: 10.1007/s11606-0111-1925-0. PubMed PMID: 22086754; PubMed Central PMCID: PMC3250535.

17 United States Interagency Council on Homelessness, *Fulfilling the Dream: Aligning State Efforts to Implement Olmstead and End Chronic Homelessness*, (February 2016), available at, https://www.usich.gov/resources/uploads/asset_library/Olmstead_Brief_02_2016_Final.pdf.

18 Theora Cimino, BS, et all, *Jama Internal Medicine, Disabled on the Street*, (2015), available at, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4494897/>.

19 Kushel M. *Older Homeless Adults: Can we do more?* J Gen Med. 2012 Jan; 27(1):5-6. doi: 10.1007/s11606-0111-1925-0. PubMed PMID: 22086754; PubMed Central PMCID: PMC3250535.

20 The National Coalition for the Homeless, *Homelessness Among Elderly Persons*, (September 2009), available at, <http://www.nationalhomeless.org/factsheets/Elderly.pdf>.

21 Id.

22 United States Interagency Council on Homelessness, *Fulfilling the Dream: Aligning State Efforts to Implement Olmstead and End Chronic Homelessness*, (February 2016), available at, https://www.usich.gov/resources/uploads/asset_library/Olmstead_Brief_02_2016_Final.pdf.

Court's decision in *Olmstead*, which upheld the Americans with Disabilities Act by affirming that individuals have the right to live with dignity in community settings that offer them privacy, meaningful choices among housing and services options, and opportunities for social connections with family members and other community members. A bed in a nursing home for an elderly homeless individual is not an acceptable substitute for a home. Without affordable housing options and supportive services, thousands of Americans are at risk of institutionalization and chronic homelessness at the same time.

Solutions

More coordinated action is needed to immediately address the current crisis of homelessness among older adults by creating more housing and services. For older adults who are homeless now, we need to find better ways to serve them until they are housed. Homeless service providers can partner with local government aging services to reach and serve this population.

Federal, state and local interventions are needed to prevent low-income adults from becoming homeless. Since homelessness is primarily a poverty problem, increasing income supports for low-income older adults and people with disabilities is an important step. Since high health care costs lead to risks of homelessness, making health care affordable, accessible, creative, and tailored to the population is critical. We also need to work to create more affordable, accessible housing through innovative public funding programs. In addition, the availability of low-cost legal services can play a role in both preventing homelessness and serving currently homeless individuals. The remaining sections of this report will outline solutions.

Increase Income Supports

Expand and protect safety net programs such as Social Security and Supplemental Security Income (SSI) so that they provide sufficient basic income and are accessible to those who qualify.

SSI is a safety net program administered by the Social Security Administration (SSA) that provides a very basic income to older adults and people with disabilities with no or only limited other income and resources. The maximum possible federal monthly benefit for an individual is \$733 in 2016. Although a few states provide a small monthly supplement to SSI recipients, in most of the country, the monthly benefit amount for a single individual requires recipients to live at 75% of the federal poverty line.

As SSI is no longer fulfilling its promise of keeping seniors and people with disabilities from living in poverty, the federal benefit amount should be increased and other financial eligibility rules should be updated to reflect inflation since the program was signed into law by President Nixon in 1972.²³

In addition, Social Security's special minimum benefit, also created in 1972, was intended to increase the amount of benefits paid to long-term low-wage earners. However, like SSI, the special minimum benefit is declining in relative value, does not provide benefits equal to the poverty threshold, and reaches fewer beneficiaries each year. Congress should adopt new minimum-benefit

²³ Justice in Aging, *Supplemental Security Income Restoration Act Policy Brief*, available at, <http://www.justiceinaging.org/wp-content/uploads/2015/05/SSIRestorationAct-Apr20141.pdf>.

policy options to improve the income security of those with low lifetime earnings.²⁴ There are many other options that should be pursued to modernize and restore Social Security's programs to ensure that benefits are adequate for economically vulnerable groups in the years to come.²⁵

Make benefits accessible to everyone whether or not they have a permanent address.

SSA and other federal agencies should be doing more to ensure that those who may be eligible for benefits are receiving them. For example, SSI/SSDI Outreach, Access, and Recovery (SOAR) is a program designed to increase access to SSI and Social Security Disability Insurance (SSDI), for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.²⁶ The program has been in existence for over ten years, and has twice the allowance rate at the initial application level, and significantly reduced wait times for decisions on applications for nearly 50,000 people who were experiencing or at risk of homelessness.²⁷ However, SOAR programs have no dedicated source of funding, and the major reason that SOAR services are severely limited in some communities and nonexistent in others is the difficulty that communities have in finding the funding necessary to pay the salaries of SOAR benefits specialists.

SSA should also expand nationally its Homeless with Schizophrenia Presumptive Disability (HSPD) pilot, which demonstrated that having community health agencies help homeless individuals who have schizophrenia or schizoaffective disorder with the SSI application process led to a significantly higher allowance rate at the initial application level, and reduced the amount of time applicants waited until they began receiving SSI benefits.²⁸

Make Health Care Affordable and Accessible

Expand Medicare and Medicaid benefits so that seniors' out-of-pocket costs don't threaten their economic security.

By simplifying and expanding Medicare Savings Programs such as the Qualified Medicare Beneficiary Program, which pays for Medicare premiums and coinsurance for low-income older adults, more seniors would be able to access health care without risking becoming homeless. The Medicare Savings Programs eligibility rules should be streamlined, to make it easier for the seniors who need these programs to apply and be found eligible quickly. The income limits should be expanded, and asset tests eliminated, to match the financial assistance available to younger populations through the Affordable Care Act. Right now, the Medicaid program for older adults has more stringent income and asset limits than the requirements for younger individuals. People age 65 and over should not be penalized with more Medicaid restrictive rules that can increase out-of-pocket costs dramatically. Finally, filling the gaps in health coverage for older adults would also include expanding Medicare to cover oral health, vision and hearing. These unmet basic medical needs contribute to high out-of-pocket medical expenses that threaten the economic security of seniors.

24 Social Security Administration, *Proposed Revisions to the Special Minimum Benefit for Low Lifetime Earners*, available at, <https://www.ssa.gov/policy/docs/policybriefs/pb2014-01.html>.

25 Special Committee on Aging, United States Senate, *Social Security Modernization: Options to Address Solvency and Benefit Adequacy*, available at, <https://www.congress.gov/111/crpt/srpt187/CRPT-111srpt187.pdf>, at 55 – 63.

26 <https://soarworks.prainc.com/>

27 <https://soarworks.prainc.com/article/starting-your-soar-initiative>

28 Social Security Administration, *Homeless with Schizophrenia Presumptive Disability Pilot Evaluation*, available at, <https://www.socialsecurity.gov/policy/docs/ssb/v76n1/v76n1p1.html>.

Make benefits accessible to everyone whether or not they have a permanent address.

Greater outreach is needed for people who are homeless to be able to apply for and receive the health care benefits they need. Aging network providers, Marketplace Assisters, Senior Health Insurance Assistance Programs, and others who help individuals enroll in benefits need funding to do outreach to homeless populations. Health care plans providing services to homeless older adults need systems for locating and communicating with members who have no permanent address or phone number. Further, information technology systems for such benefit programs must be improved to be able to handle changes in address and other accommodations that may be needed for individuals who are experiencing homelessness, or cycle in and out of housing.

Target Health Care Programs and Supportive Services to the Unique Needs of Homeless Older Adults

Provide more preventative health care for homeless individuals to ensure less reliance on emergency visits and less risk of institutionalization.

Increased funding for safety net providers, including community health centers and health care for the homeless programs, will enable these programs to provide increased preventative care and decrease reliance on expensive hospital visits. As the homeless population is aging, safety net providers who treat people who are homeless also need greater training on the specialized medical needs of older adults. Specialized programs to serve homeless adults with complex and chronic health conditions, such as permanent supportive housing and medical respite programs should also be strengthened to accommodate older adults who are too ill to live on the street, but do not require hospitalization.

Expand medical respite programs and hospice for homeless older adults who need additional medical services.

Medical respite programs, also called recuperative care, are short term residential programs that provide medical care and other supportive services to homeless individuals who are recovering from a hospitalization. Currently available in 28 states and the District of Columbia, the services are provided in a wide range of settings, including freestanding facilities, homeless shelters, motels, nursing homes, and transitional housing.²⁹ These programs allow homeless older adults a chance to rest and recover, reducing the revolving door between the emergency room and the street.

Utilize the Medicaid program to provide housing-related services to older adults who struggle with homelessness and need long-term services and supports.

Maximizing the housing-related activities and services³⁰ that can be available through the Medicaid program increases the quality of care and services for older adults who are homeless or at risk of homelessness. While Medicaid cannot pay for room and board, states can use Medicaid dollars to link older adults who need long-term services and supports to housing opportunities in their communities. Specialized case workers can help older adults maintain their tenancy and stay in their homes. States can also create collaborations between the Medicaid program and state and local housing and community development agencies to expand the availability of affordable, accessible housing for those with complex or chronic health conditions who need long-term services and supports.

²⁹ National Health Care for the Homeless Council, *Comments on the Proposed Minimum Standards for Medical Respite Programs*, (September 2014), available at, http://www.nhchc.org/wp-content/uploads/2011/09/standards_public_comment.pdf.

³⁰ Centers for Medicare and Medicaid Services, *Informational Bulletin, Coverage of Housing-Related Activities and Services for Individuals with Disabilities*, (June 2015), available at, <https://www.medicare.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>.

Strengthen the health care delivery system's ability to provide better care coordination to help individuals who are homeless or at risk of homelessness find and retain housing and link up with other social services.

Care coordinators and case management services are critical to stabilize the lives of older adults at risk of homelessness. Such supports, funded by Medicare and Medicaid, reduce the number of hospitalizations and health crises that seniors who are homeless experience and help older adults maintain housing. Coordination can also help link individuals who are homeless with other in-home supports that they need to stay in their homes. Once seniors obtain housing, they need adequate supports, such as Medicaid-funded home and community-based services, or Meals on Wheels, to maintain that housing. A good health care delivery system requires coordination with social services – such as helping someone connect with the Social Security Administration or their local Medicaid office for maintaining benefits. Also, a good, strong delivery system would connect individuals who are homeless with legal services for assistance with a multitude of services – from public benefits, to health care coverage, and to assistance resolving criminal issues such as trespassing or loitering charges, that often lead to an unnecessary incarceration and loss of housing, or make someone ineligible for housing in the future.

Create More Affordable, Accessible Housing

Increase the availability of affordable housing for seniors.

Older people require affordable housing in neighborhoods where they can receive the necessary supports to live their lives with dignity. Such housing must ensure that older adults are fully integrated in their communities. Ten older adults await affordable housing for every unit of supportive housing that becomes available through the Section 202 Supportive Housing for the Elderly program, according to the Homelessness Research Institute.³¹

The Section 202 program needs funding for new construction, and to help preserve and maintain existing units needing repair. As HUD Senior Advisor Jennifer Ho said in August 2015 as a panelist at an Alliance for Health Reform briefing: “Less than one-half of 1 percent of existing housing is currently accessible to someone who uses a wheelchair. Only 5 percent is livable for someone who has mobility impairments, and only 40 percent of it is modifiable. Most of Americans’ existing housing stock is not designed for them to age in place safely.”³²

There also needs to be increased funding for publicly assisted housing in need of renovation to accommodate older adults who are experiencing homelessness or aging in place through a variety of sources, including the Section 8 program, Public Housing capital account, Public Housing operating account, Community Development Block Grant, and HOME program.

Fund and develop sufficient permanent supportive housing for currently homeless older adults and those who are likely to experience chronic homelessness.

One way to improve the lives of low-income older adults who struggle with homelessness is to develop more affordable housing that includes or can be linked to supportive services. Permanent supportive housing is a model of affordable housing connected to supportive services typically targeted at those experiencing or at-risk of homelessness and who are likely to be unable to retain permanent housing without ongoing supports.

31 M William Sermons and Meghan Henry, Homelessness Research Institute, *The Demographics of Homelessness Series: The Rising Elderly Population*, (April 2010), available at, http://www.endhomelessness.org/files/2698_file_Aging_Report.pdf.

32 Jennifer Ho, presentation at Alliance for Health Reform briefing, *The Intersection of Health and Housing: Opportunities and Challenges* (August 7, 2015), http://www.allhealth.org/briefing_detail.asp?bi=369.

Supportive housing is a combination of:

- Affordable housing with deep subsidies and tolerant landlords/property management;
- Care management, such as client-centered counseling, goal setting and services planning, services coordination, and connection to mainstream services; and
- Evidence-based services models rooted in cognitive behavioral and family systems approaches.³³

Research shows that permanent supportive housing is essential to address the complex medical needs of homeless older adults and to help them avoid emergency room visits and institutionalization.³⁴ Proactively engaging tenants in on-site and community-based services has proven effective in promoting housing stability for those living in permanent supportive housing.

Supportive services can also be bundled into other forms of subsidized housing to meet older adults' needs and to allow them to choose from a variety of settings. The Federal Housing Administration and state housing agencies must work together to develop appropriate mortgages and incentives to increase the production of affordable supportive housing.³⁵

Expand the Availability of Low-Cost Legal Services That Serve Seniors

Expand legal services that prevent evictions, foreclosures, and elder financial abuse, and help with access to benefits.

Older adults require legal help when they face loss of their housing through eviction, foreclosure, or elder financial exploitation. Further, legal services can also help older adults access crucial safety net programs, such as SSI and Medicaid, as described above. Increasing funding for legal services through Title IIIB of the Older Americans Act, as well as increasing funding for Legal Services Corporation services, would allow service providers to target older adults who are homeless, or at risk of homelessness. Greater outreach is essential to best serve this vulnerable and hard-to-reach population. Legal services can increase connections between projects focused on serving older adults and those the focus on preventing and responding to homelessness. The Elder Justice AmeriCorps program, a new AmeriCorps initiative, will also expand legal services for victims of elder abuse, including the kinds of elder financial abuse that can contribute to homelessness.

Conclusion

Everyone deserves a home and appropriate health care as they age. As the risk of homelessness among older adults increases, it is imperative that we act quickly to prevent more older adults from living in poverty and becoming homeless. The solutions are within our reach. We must act now to expand and strengthen the existing safety net of health care and income supports; increase the supply of affordable housing that meets the needs of an aging population; and ensure sufficient funding for low-cost and free legal services for older adults to protect their rights and prevent their becoming homeless.

³³ Hearth, Inc. and CSH, *Ending Homelessness Among Older Adults and Seniors Through Permanent Supportive Housing*, (December 2011), available at, <http://goo.gl/MVD2V2>.

³⁴ *Id.* It is important to note that permanent supporting housing is a different model than assisted living facilities. Both provide a range of supportive services targeted to the needs of older adults, but assisted living facilities typically provide a wider array of more intensive services and are certified and regulated at the state level. Assisted living facilities have 24 hour staffing, provide assistance with medication management, personal care, and housekeeping and provide most meals. In permanent supportive housing, tenants hold leases in their own names and have more independence.

³⁵ AARP Public Policy Institute, *Strategies to Meet the Housing Needs of Older Adults*, available at, <http://assets.aarp.org/rgcenter/ppi/liv-com/i38-strategies.pdf>.