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Preventing Older Adult Homelessness: HUD and State Homeless Assistance Programs for California's Older Adults

Webinar Transcript

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Lauren Carden:

So welcome, everyone. Thank you all for joining us today for this California training on Preventing Older Adult Homelessness. I'm Lauren Carden, and I'm the director of California Housing Advocacy at Justice in Aging. And I'm joined today by my colleague Jenny Kye, our senior attorney working on federal housing advocacy. So I'm going to go over a few logistics and then we'll get started.

So everyone is on mute. You can use the Q&A function for substantive questions and then technical issues. And we'll try to answer some substantive questions at the end of the webinar. If we're not able to get to everyone, we do try to email responses afterwards. If you have technical difficulties, you can feel free to email us at trainings@justiceinaging.org. The webinar is being recorded and we will make the recording available after the training.

And then closed captioning is also available. To access closed captioning, you can enable CC on your Zoom control panel. For those of you unfamiliar with Justice in Aging, we are a national organization that uses the power of law to fight senior poverty by securing access to affordable healthcare, housing, economic security, and the courts for older adults with limited resources.

At Justice in Aging, we're committed to advancing equity for low-income older adults in economic security, healthcare, housing, and elder justice initiatives. And we're committed to addressing the enduring harms and inequities caused by systemic racism and other forms of discrimination that impact older adults in marginalized communities. And then to make sure you're receiving all our notifications for future trainings, alerts, and resources, you can join our network either through our website or you can email info@justiceinaging.org.

Okay, so here's our agenda for the day. So I'm going to give some quick background on older adult homelessness in California. Then we'll cover the federal HUD homeless assistance programs and the California programs to prevent older adult homelessness. And we'll close with some advocacy tips for improving your community's homeless response system.

Okay, so as we start today, I just wanted to give some quick background to frame the importance of homelessness prevention work for advocates that are working with older adults. And probably all these facts are known to everyone in the audience, but I'm going to go over them. So as many people know, older adults are the fastest growing population of people experiencing homelessness in California.

So 2024, almost 48% of single homeless adults were age 50 and over, and many people are experiencing homelessness for the first time after age 50. The data also shows that homelessness accelerates aging. So younger, older adults in their 50s to 60s who are experiencing homelessness have similar health status to people that are 20 years older. Racial disparities also exist in the population of older adults who are experiencing homelessness.

So Black, Native American and Indigenous Californians are overrepresented in the number of people experiencing homelessness. And then as with everything, high housing costs and low income are huge drivers of homelessness for older adults. The UCSF Benioff statewide study of people experiencing homelessness found that 81% of older adults were entering homelessness from a housing setting, and 66% of those folks believed that 300 to \$500 monthly would have prevented their homelessness.

So with that framing, we just wanted to reiterate that preventing homelessness is really a crucial issue for aging advocates, and we hope that this webinar can assist folks in supporting their older adult clients. So I'm going to now pass it off to Jenny to talk about the HUD homeless assistance programs.

Jenny Kye:

Thanks, Lauren. So I'm going to provide an overview of HUD homeless assistance programs, and then later on I'll also talk a little bit about some federal policy updates as well. Next slide, please. So HUD's Continuum of Care Program is HUD's largest and primary homeless assistance program, and it funds coordinated community-wide homeless response systems across the country. And the term CoC also refers to the groups that actually carry out the work of the CoC program.

And there are CoCs in every state. I believe in California there are over 40 CoCs, and they coordinate homeless assistance projects in their communities that provide housing and supportive services. And on this slide I've included a couple of links. One is a link to find the contact information for your local CoC, and usually there is a lead organization that serves as the primary point of contact. And then I've also included a link to a map of the CoCs in California.

Also, a lot of CoCs do have their own websites as well. So those are usually pretty easy to find and those are also good sources of information about contacts, meeting times, and so on. Next slide. HUD funds a variety of homeless assistance interventions and the main ones include emergency shelter, which I think most people are probably familiar with, and shelters provide temporary housing for people experiencing homelessness.

There is also transitional housing, which is also temporary housing with services for up to two years. There is rapid rehousing and this is a program that tries to get people into permanent housing as soon as possible, and it provides short or medium-term rental assistance along with services like case management. And then finally, there is permanent supportive housing or PSH, which is really important for older adults and people with disabilities.

And PSH provides long-term indefinite rental assistance with voluntary supportive services. And PSH is really targeted to people with disabilities who have the highest needs. You might also sometimes see these programs referred to as ESG, CoC, or McKinney-Vento programs, and those terms just refer to different funding sources and the statute that authorizes all of these programs, which is the McKinney-Vento Act.

So if you see those terms, you should know that they're basically referring to HUD homeless assistance programs. Next slide. So in recent years, HUD has really prioritized funding permanent supportive housing and other programs that use a Housing First model. And Housing First is really about prioritizing access to permanent housing with voluntary supportive services.

And I think one of the biggest benefits of the Housing First model is that these programs have low barrier admissions policies. And so unlike typical private housing or even other types of HUD subsidized housing, these programs generally do not screen people out due to issues such as poor credit history, lack of income, past evictions, or criminal records with some limited exceptions.

Another important aspect of Housing First is that there are no preconditions like requirements around sobriety or mandatory mental health treatment. And so in permanent supportive housing, ideally there are services available that help people address these types of issues, but people aren't forced to get treatment in order to access housing. Next slide. In terms of eligibility, people must generally meet at least HUD's definitions of homeless or at risk of homelessness.

And these are very technical definitions that are laid out in HUD's regulations. And CoCs also have some flexibility to have their own eligibility criteria as well. Permanent supportive housing generally prioritizes serving people who are chronically homeless, and people who are chronically homeless are generally defined as people with disabilities who have been continually homeless for at least a year or have had repeated episodes of homelessness amounting to a year.

And federal estimates show that among adults experiencing chronic homelessness, more than a third are older adults. And so again, these are the general eligibility criteria, but I would not get too hung up on learning all of these different definitions or the ins and outs of eligibility. And instead, I would focus on referring older adults and others who need homeless assistance to CoCs.

And CoCs and homeless service providers, it is their job to screen people for eligibility and they have expertise in doing that. And if you are not a homeless service provider, in my view, your role is not to screen people out, but I think instead it's to generally be aware of HUD's homeless resources to identify people who may be in need of those resources and then to refer people to CoCs.

Next slide. And when you do refer people, you'll be referring them to a CoC's Coordinated Entry System, and each CoC has a Coordinated Entry System that conducts intake and assesses people's needs and preferences. And it places people on a priority list for referral to various homeless assistance projects. And each CoC's Coordinated Entry System will look different.

So for some CoCs, people might have to call a centralized hotline. For other CoCs, there might be different access points at different shelters or different community-based organizations. So it just varies between CoCs, and I would recommend contacting your CoC to find out how they do Coordinated Entry. In terms of the priority list, this is not a waiting list, so it's not first come, first served.

It's a list where people with the highest needs are prioritized. And I do just want to acknowledge the reality that a lot of people will not receive referrals just due to the lack of resources. Because unfortunately, there are just a lot more people who need assistance than there are resources available. But the point of Coordinated Entry is to hopefully ensure that people with the highest needs are prioritized for referrals.

And once people get on a priority list, I think it's really important that they keep in contact with Coordinated Entry staff and make sure that they're updating staff about changes in contact information or other significant changes. So for example, if someone has developed a new medical condition, maybe they need to undergo a new assessment and maybe their placement on the priority list will change.

So again, just important to keep in contact and to just make sure that you stay on a priority list because I've heard of people missing out on referrals when Coordinated Entry staff can't reach that person or somehow that person drops off a list. Next slide. Another really important point is that Coordinated Entry is often called the front door to HUD's homeless resources.

And this is because Coordinated Entry is generally the only way to access many HUD-funded homeless assistance projects, including HUD-funded permanent supportive housing. So if someone needs PSH, they won't be calling all of these PSH programs. Instead, they should go through Coordinated Entry. I also wanted to note that if someone is staying in a shelter, I wouldn't automatically assume that that person has already been connected to Coordinated Entry.

And this is because not all shelters receive HUD funding or participate in the HUD homeless service system. So if you have a client who's staying in a shelter, I think it's worth asking them some questions to see if they've been through Coordinated Entry already. And if it seems like they haven't, then I would, of course, refer them. Next slide. And you might be wondering how the HUD homeless service system relates to other types of HUD-subsidized housing like Section 8 for example.

And unfortunately, the HUD homeless service system and the HUD subsidized housing system are distinct and they operate separately from one another. And so in general, Coordinated Entry does not place people on waiting lists for HUD subsidized housing programs like Housing Choice Vouchers, which are also often called Section 8 vouchers, Section 202 public housing, and so on.

So even if individuals go through Coordinated Entry, I would recommend that they apply for other HUD subsidized housing separately and continue pursuing all of their other housing options. And this is because even though Coordinated Entry is a really important avenue for potentially getting housing, again, housing through Coordinated Entry is not guaranteed. So it's just really important for people to pursue all of their housing options.

And on this slide, I've included a link to a resource on HUD's website. It takes you to a searchable map that you can use to find the contact information for your local public housing authorities and local HUD subsidized housing properties. Next slide. And so now I will shift to talking about some federal policy updates. And I'm sure no one will be surprised when I say that we're facing a very difficult funding landscape in terms of funding for HUD homeless assistance programs.

And this year there was already a potential funding shortfall, but I think people are already more concerned about next year because we are anticipating efforts to cut funding for HUD homeless assistance programs. And every year Congress has to appropriate money for various HUD programs. The current spending bill in Congress expires at the end of September 2025.

And so between now and then, Congress will be negotiating a new spending bill. And you may have heard about the President's budget, which came out recently. And the President's budget is basically just a set of recommendations for Congress as to how they should fund various programs. But the President's

budget does call for deep cuts to HUD homeless assistance programs and particularly to permanent supportive housing.

So that is obviously a proposal that advocates will be pushing back against. Another major problem for next year is that the Emergency Housing Voucher program is expected to run out of money sometime next year. The Emergency Housing Voucher program, this was a program that was created during the pandemic, and it was created specifically to provide vouchers for people experiencing homelessness.

And the program was supposed to last until 2030, but the money for the program has run out early. And so this means that if Congress does not allocate more funding for the program next year, all of the households that are using emergency housing vouchers will end up losing their vouchers and then, of course, likely end up losing their housing as well.

And in California, I believe that right now there are more than 15,000 households who are still using Emergency Housing Vouchers. Next slide. And another really concerning development at the federal level has been increasing hostility towards Housing First, which as I mentioned, is basically about providing access to housing with services. I already mentioned the Trump administration's efforts to try to defund permanent supportive housing.

And the Trump administration's approach towards homelessness in general is I would say more punitive. And so for example, the Trump administration has endorsed the idea of involuntary institutionalization for people who are unhoused and have mental health conditions, and there are no specific policy proposals around that, at least not yet. But obviously that type of rhetoric is extremely concerning and extremely harmful.

So that is an issue that we're watching very closely. But on a brighter note, I will point out that California does have a statewide Housing First policy that Lauren knows more about and I think she'll talk more about in her part of the presentation. And then finally, we are seeing attempts by the Trump administration to try to undermine access to services for undocumented immigrants, transgender people, and other marginalized groups.

So for example, we are expecting to see a proposed rule very soon from HUD that will try to prevent equal access to shelters for transgender individuals. That is an upcoming advocacy opportunity. Because when HUD does publish the rule, HUD will be accepting comments from the public.

And so that's just something to keep an eye up for, and I would encourage you to submit comments on that if you can, because it's really important for HUD to hear from the public about these and other issues. So those were just a few highlights of what is going on at the federal level. And now I will hand things off to Lauren.

Lauren Carden:

Thank you, Jenny. So now I'm going to jump into an overview of some of the California specific programs that are targeted to address homelessness prevention. So again, this is like a high level overview of each program, and really we're just trying to give you all an idea of the landscape of homeless assistance in California so that you can become familiar with the programs that may be available for older adults.

Just a reminder, if you have specific case questions or you have more in-depth questions, you can always reach out to us at our email address, and Jenny and I will share our emails at the end of this presentation, and we can give you technical assistance or case consult. So as Jenny mentioned, so in California we have a state law that establishes California's Housing First commitments. So I'm not going to go into detail, but I wanted to provide the statute citation here for your reference.

But it is the same idea as at the federal level, just reducing barriers to housing for folks. All California programs that are aimed at preventing homelessness, including those that are run by the Department of Healthcare Services and the Department of Social Services, which are the programs that we're going to talk about today, should be run with Housing First commitments.

And then just a note, so the California Interagency Council on Homelessness is created to oversee the implementation of Housing First policies. They reiterated those commitments in their most recent three-year plan to end homelessness. So this is a commitment that California has made and the state agencies have continued to express support for despite what's happening at the federal level.

So the first programs we're going to discuss that can assist in ending and preventing older adult homelessness are the programs run by the California Department of Social Services. So these programs are administered in CDSS' Housing and Homelessness Division, but they're operated at the local level, so either with the county or tribal social services. So there's many programs, but I'm just going to talk about two of the programs today that mainly assist older adults, the Housing and Disability Advocacy Program or HDAP and the Home Safe Program.

I also wanted to note that the HDAP program has a small ongoing appropriation of 25 million, but the Home Safe Program has no ongoing appropriation, and the funds for that program are set to run out by June 30th, 2026 if they haven't already run out in your community. And neither program received any additional funding in the governor's recent May revise.

So starting with HDAP, so generally, I'm just giving an overview of each program, so what services are included, who's eligible, and how you can connect your clients. So the HDAP program helps prevent and end older adult homelessness by supporting the housing instability of people who are experiencing or at risk of homelessness and who are likely to be eligible for disability benefits.

So this program's not exclusively for older adults and generally will help younger, older adults in the 50 to 64 age range who do not receive disability benefits. The HDAP program aims to prevent homelessness by providing, sorry, I got distracted by the Q&A, by providing housing assistance and housing stability during the time a person is securing access to their disability benefits.

An HDAP program includes what's listed here. It includes outreach, case management, disability benefits advocacy, and housing assistance. And I'm just going to answer this question quickly, is the HDAP budget, so it's an ongoing 25 million appropriation. So for folks that are connected with the HDAP program, they can be eligible to receive disability advocacy services, which are essentially having assistance with developing and filing a benefits application or can be an appeal, a reconsideration, a reinstatement or recertification.

And these services also include help with communication and coordination with the benefits agency. And the federal disability benefits that people enrolled in the HDAP program can receive advocacy services for are listed here. It's mainly SSI, SSDI, CAPI, and Veterans Benefits. So people who are connected to the HDAP program can also receive housing assistance while they're receiving the disability advocacy services.

So the housing assistance will look different depending on the individual, but it can include anything that's listed here. So it can include rent subsidies, payments or placement in interim housing, recoupment of care shelters or other settings. It can also include one-time housing payments, like for late fees, deposits, or move-in costs. And also it could include accessibility improvements to allow someone to stay in their home.

People who are in the HDAP program, they can also get case management housing services while they're getting the help with their disability benefits application. So this is kind of like the non-financial housing assistance, so housing navigation, housing case management, and development of a transition plan after the outcome of their disability application.

So essentially someone who's eligible for and gets enrolled in HDAP, they would get housing assistance while they go through their entire disability application or appeal. So obviously this can be a very helpful tool to prevent homelessness while someone is stabilizing their income source. And because of that transition plan, ideally someone would be set up in stable housing that matches whatever level of income they have after they're done with the program. How to access?

The counties or tribes that are running the program are supposed to be doing active outreach to seek out potential HDAP clients. So potentially the grantees or the counties or tribes could be using the Coordinated Entry priority list to find these potential clients. But if you're helping someone, they don't have to necessarily go through that system in order to sign up. The statute and guidance

for the program identifies target populations for the jurisdictions to do outreach to.

It can include any of the populations listed here. I'll just read through them in case someone's just listening, so people experiencing homelessness who rely most heavily on government-funded services, low-income people with disabilities, being discharged from jails and prisons, low income veterans with disabilities, and low income people being discharged from hospitals and long-term care.

And I should say this is not a full list of all the target populations. I'm just highlighting the ones that are more likely to include older adults. Also, keep in mind, HDAP is not an entitlement program. So not everyone that is eligible for HDAP assistance will get enrolled. The county has to prioritize the enrollment, especially because of the lower levels of ongoing funding.

Again, kind of like Jenny said, we don't want to be the stop point where we're a barrier to access for our clients. So if you think your client could potentially be eligible, you can contact the county for more information about how your client can sign up or get screened for HDAP services. So I wanted to briefly discuss the other CDSS housing program that mainly assists older adults.

So that's the Home Safe Program. So Home Safe supports the safety and housing stability of seniors and dependent adults who are served by APS or Adult Protective Services. Eligible individuals for Home Safe would also be experiencing or at risk of homelessness as a result of elder or dependent adult abuse, neglect, self-neglect, or financial exploitation. And just like other APS services, a person has to voluntarily agree to participate in Home Safe to get the services.

And this program uses a different definition of HUD, which can be found in the statute, which I don't have listed here, but if you need that, I can provide that to you. So if someone is eligible for and receives Home Safe services, the services could include housing assistance in the forms listed here. So that could look like rent or utility payments, home repairs or accessibility modifications, and then case management housing services like housing navigation and search assistance and housing stabilization services.

Those were the only two slides I had on Home Safe, because again, I want to reiterate that this program is winding down and it has not received continued funding. The program may have already stopped taking intakes in your county, or it could be out of funding entirely and shut down. So to get more information about what's happening in your county, you can contact your local APS office, or you can also send a message to me after this webinar and we can assist you in figuring out the status of the Home Safe Program in your community.

So the other state programs to prevent other adult homelessness that I wanted to talk about today are the Medi-Cal community supports. So this could also be an entire separate webinar. So again, this is really just issue spotting training to highlight programs that should be available in your communities. So Medi-Cal community supports are nonmedical services that Medi-Cal Managed Care plans can offer to members as substitutes for traditional covered health services.

So because these are Medi-Cal services, DHCS or the Department of Healthcare Services administers this program, and DHCS has 15 pre-approved community supports that managed care plans can offer to their members. That's just 15 nonmedical services that can be used instead of traditional healthcare services. The community supports are delivered by the managed care plan in partnership with local providers.

So the local providers in your community could include homeless services providers, Coordinated Entry Systems, community-based organization shelters. It really does vary across the state. And also the community support services through Medi-Cal, they are optional. So not all of the 15 pre-approved community supports will be available for every Medi-Cal member throughout California. It's really managed care plan specific and county specific.

But the most widely available housing related community supports that work to prevent homelessness are the housing trio, which are the three listed here. So these include the housing transition and navigation services, housing deposits, and housing tenancy and sustaining services. So these community supports are actually offered in at least the last time I checked, are offered in every managed care plan in every county across the state.

So these should be available in your community. The individual services that are offered in each of the community supports is pretty extensive. And I was not going to go into each today, but we have a resource slide at the end of this presentation that has a link to DHCS' Community Support Policy Guide, which goes into detailed information about every community support, all of the 15 pre-approved community supports.

It goes into what the services are, also details about the eligibility. So we have links to that at the end of this presentation. For the housing trio services, these services are not time limited, so the Medi-Cal Managed Care plans can authorize these services for however long they are needed. But one thing to note, so the housing trio community supports, they do not offer rental payments or room and board fees.

So generally, these services are one-time payments and non-financial housing assistance, like housing navigation, communication and coordination with landlords, or other services like that, but not rental subsidies also. So I'm trying to not be distracted by the Q&A. We will try to answer some of those at the end of the webinar. For eligibility, the community supports are available to people

who are receiving full scope Medi-Cal and enrolled in a Medi-Cal managed care plan.

So this is kind of like an intersection of housing and health because this is a service offered through Medi-Cal. Again, each individual community support has specific eligibility criteria, but generally they're available to people who are experiencing or at risk of homelessness who meet certain other clinical risk factors. And the managed care plan also has to determine if the community support is a medically appropriate alternative to the healthcare services. So it's the same kind of assessment as Medi-Cal healthcare services.

It's seeing if it's medically necessary or medically appropriate for the member. And again, the CHCS Community Support Policy Guide has information about the eligibility for each individual community support. I did want to just briefly talk about the newest community support, so transitional rent. So this is the newest pre-approved community support, and this one will actually be mandatory for managed care plans to offer to eligible populations with behavioral health needs starting on January 1st, 2026.

So this eligibility is a little harder to discuss as an overview, but generally, transitional rent will be available for people who have serious chronic health conditions or physical, intellectual, or developmental disabilities, or specialty behavioral health needs and who are experiencing or at risk of homelessness and are transitioning out of certain settings like long-term care, jail or prison settings or other institutional settings.

So this community support can provide rental assistance up to six months for people who meet the eligibility criteria. And again, this is the only pre-approved community support that offers actual rent payments. So again, very specific eligibility criteria for transitional rent. So please consult the policy guide or reach out to us if you need more in-depth information. So how to access these supports?

So each managed care plan should have an established non-discriminatory referral and authorization process for members to access the community support. The managed care plan is responsible for, again, determining if the community support is medically appropriate. And then the managed care plan, like other Medi-Cal services, issues and authorization, and that authorization should include the timeframe for how long each service will be provided.

Managed care plans should also have strong referral relationships with their community support providers, the local community support providers, and members should be able to get information about how to access the community supports and who their local community support providers are through their managed care plans website, their member handbook, or their provider directory.

And again, in some communities, community supports can be accessed through the Coordinated Entry System or you have to do a screening with the Coordinated Entry System to get on the list to be assessed for community supports, but it does vary by county and managed care plan. So always good to consult the managed care plans' website or contact them for more information. So again, that was just a overview of additional programs that are available in California.

We're switching gears now and talking about advocacy with CoCs. So we just wanted to finish up the content portion of the webinar with just some tips on how aging services providers and aging advocates can ensure that the homeless response system is responsive to the needs of older adults. So firstly, we encourage advocates to participate in their local CoCs. So many CoCs do not have members that represent older adults or are from the Aging Services Network.

Mostly the CoCs are made up of housing advocates, but you do not have to be a housing expert to join the CoC. CoC meetings and the membership are open to anyone who has interest in homelessness issues. And CoCs really should include representatives of subpopulations of people experiencing homelessness. So again, with the rise in older adult homelessness, we think it's really critical that aging services providers are involved in their local CoCs.

So that is a starting point for local advocacy that aging advocates can get involved in. What does this advocacy look like? So again, advocates that are serving older adults really have this specialized expertise that can be a benefit to the homeless services providers. So things that advocates can do are listed here through them. So advocates can help with influencing a CoC's strategic planning by highlighting the housing and service needs for adults and highlighting how these may be different from other populations.

Advocates can help to shape the Coordinated Entry process to make sure that older adults have equitable access to this process. Advocates can also help with increasing the coordination of the Aging Services Network and the Homeless Provider Network. So referring older adults to Coordinated Entry and then helping CoCs with referrals to the Aging and Disability Services Network.

And then advocates can provide housing or services as part of supportive housing projects for older adults. So again, many ways for advocates to get involved locally with your CoC. And we really think that now is the time for aging services providers and aging advocates to really be involved at the local level. So this slide with the additional resources that we've mentioned throughout the webinar, I think some of these have been put in the chat.

Just to go over them, we have a primer on the HUD homeless assistance programs that Jenny covered and then links to the CDSS housing programs, HDAP and Home Safe, and then the Medi-Cal Community Support Policy Guide,

the two volumes of that. So we have time for questions, so we will go through those now. Jenny, I don't know if there were any that stood out to you initially.

Jenny Kye:

I can talk more about how to apply for HUD subsidized housing programs because I think it can be confusing. So as I mentioned, if someone needs PSH, permanent supportive housing, they should go through Coordinated Entry. For other types of HUD subsidized housing, there unfortunately isn't really an equivalent to Coordinated Entry and things are a lot more fragmented.

So for some programs like vouchers and public housing, people need to apply with public housing authorities. And then for some other programs like Section 202 senior housing, people have to actually apply to individual Section 202 properties. And I think that can be confusing and hard to navigate for people. I think in some states there have been efforts to try to create a more coordinated system and create things like centralized applications.

I'm not sure if there are similar initiatives in California, but that is definitely not the norm. And so again, that resource that I linked to in an earlier slide, it has a searchable map that will give you the contact information for your local public housing authorities as well as local HUD subsidized housing properties. And so I would use that resource to contact PHAs and properties to find out which wait lists are open. And if they're taking applications, I would apply.

Lauren Carden:

There are two HDAP questions here that I can answer or provide some information for. So one was, has there been an evaluation of outcomes and successes of HDAP? So yes, there has been, and there's also evaluations of other CDSS programs including Home Safe. I don't believe the most recent reports are out yet. So I think the HDAP report may be from 2023 with data from 2022, and the Home Safe report I think is 2022 to 2023 data.

But '23 to '24 should be coming out later this year. So those reports are available. You can find them by going to the CDSS website that was linked in the resources slide, but sometimes I just Google like HDAP annual report and it will pop up. But for the CDSS programs, the data is really helpful to look at because the programs are really effective at preventing homelessness and there's really good outcome data.

So they're helpful for advocacy. I don't know if I think there's broken down by your county and the specific demographics, but I would urge you to take a look at those because it's really robust data that can be helpful. And then there was a question about if your county's not publicizing or prioritizing HDAP services.

Just to plug again, if there is something that appears to be a systemic issue in your county or something's not working like we described in this webinar, we do encourage folks to reach out to us because we do a lot of administrative advocacy with the state around these programs. So if there is a county or jurisdiction where these programs aren't working as they should be working

according to the law, then we do encourage you to reach out and flag that for us so we can investigate that further.

I don't know. There's another question about Coordinated Entry, Jenny. I can provide some answers to this, but just wanted to see if you had any input. So for Coordinated Entry, the question was who decides what the prioritization is and what types of contributed factors are considered when prioritizing individuals for referrals to homeless assistance?

Jenny Kye:

So there are some general federal guidelines, but in large part it is the local CoC that decides what factors to consider when prioritizing people. And so again, this is why it's really important for aging advocates to get involved with their CoCs so they can help determine what the prioritization criteria are and make sure that those criteria reflect the needs of older adults. But for example, factors might include how long someone has been experiencing homelessness.

It could be what kind of mental health conditions or other health conditions someone is experiencing. So again, a lot of flexibility. And this is, I think, really one of the main reasons why it's important for aging advocates to be part of their CoCs. And each year, CoCs, they do conduct strategic planning and they look at things like barriers to Coordinated Entry. And so that's an opportunity to provide input and to make sure that, again, older adults have equitable access to the Coordinated Entry process.

Lauren Carden:

And I just wanted to add to that. So in my previous work as a legal aid attorney, I did work at an organization where the county had come to us to help look at their Coordinated Entry System. They were specifically hoping for feedback on whether there was racial bias in their Coordinated Entry System. Again, just reiterating all that Jenny said, this is a great area of advocacy for anyone working with older adults.

There was one question here that I was going to address in the presentation. So someone asked, I thought I saw the CalAIM waiver was being targeted at the federal level. So yes. So the community supports, they are authorized through a mix of federal waivers with the authority to address the health related social needs. And in March of this year, the federal government limited the authority allowing states to provide those types of services.

But the existing approvals were not rescinded. So our current waivers are still in effect, though, yes, we don't know what will happen when they expire. Possible that these programs could go away. Also, with just the cuts or the potential cuts to Medicaid at the federal level, that, again, could have impacts on the availability of community support. So yes, unfortunately, their programs do exist now, but there could be changes in the future depending what happens at the federal level.

So again, we just encourage folks to sign up for our alerts to stay up to date on our federal Medicaid defense advocacy. And then one quick question I can answer also, does the tenant need to be in Medi-Cal to be eligible for the housing trio? Yes, those are the part of the Medi-Cal community support. So you do have to be a full scope Medi-Cal member enrolled in a managed care plan to get those.

Sorry, Jenny. If there's a question you want to answer, feel free to jump in, but I'm just going to answer a few of the ones that are about the community supports. So for the list of services that each Medi-Cal managed care plan offers to its members, the managed care plans are supposed to have that information available on their public-facing website. So maybe I can just take down this person's name.

There's also a resource on DHCS' website that has every county and every managed care plan and just a quick list of which community supports are available with that plan. But yeah, again, the managed care plan should have that information available. There was one more. And again, someone asked about the eligibility requirements for community supports.

They're very technical, so we didn't want to go into all of them today because just in the interest of time. But again, the DHCS Community Supports Policy Guide has very detailed information about each community support. Again, you're able to email us if as you're looking through that guide, if there's something you want clarification on or want more information about, you can always reach out to us and we can address that concern for you or answer that question.

Jenny Kye: I'll answer a question about rental subsidies. If this is about the HUD rental subsidies, generally people pay 30% of their income and then the subsidy covers the rest. So that's the general formula.

Lauren Carden: There's one question about an age limit. So Jenny, correct me if I'm saying anything wrong, but I believe all of the programs we were discussing today, they're not exclusively or limited to folks who are older adults or people over age 60 or age 65. They're just programs that older adults can use or advocates can use to prevent older adult homelessness. So really, these are homeless assistance programs that are widely available.

And so we just want to make sure that the aging advocates know that these are also available to older adults. One other thing I wanted, this isn't the question, but I just wanted to reiterate about the CDSS and DHCS programs, so the role of what an advocate would do in interacting with those programs. So really advocates can educate clients about the options like this program is available.

They can help connect clients to the agencies to begin the application or screening process. That could be the agency or the county. And then for people

who are enrolled in the program and receiving the service and then get terminated, advocates can help if... Well, they can help determine if the termination was proper. And if it wasn't, they can assist with the hearing process.

Because these are state programs, so folks should have the state fair hearing process available to them if they're wrongfully or terminated without notice. I think that's probably all the questions we'll answer today. Anything that's more specific, we'll try to get back to you by email. And again, if you didn't get a chance to ask your question, you can always reach out to either myself or Jenny at our email addresses listed here.

You can also email info@justiceinaging.org. I just want to thank you all for joining us today, and then thank you, Jenny, for sharing your expertise with us. Thank you, everyone. Have a good afternoon.