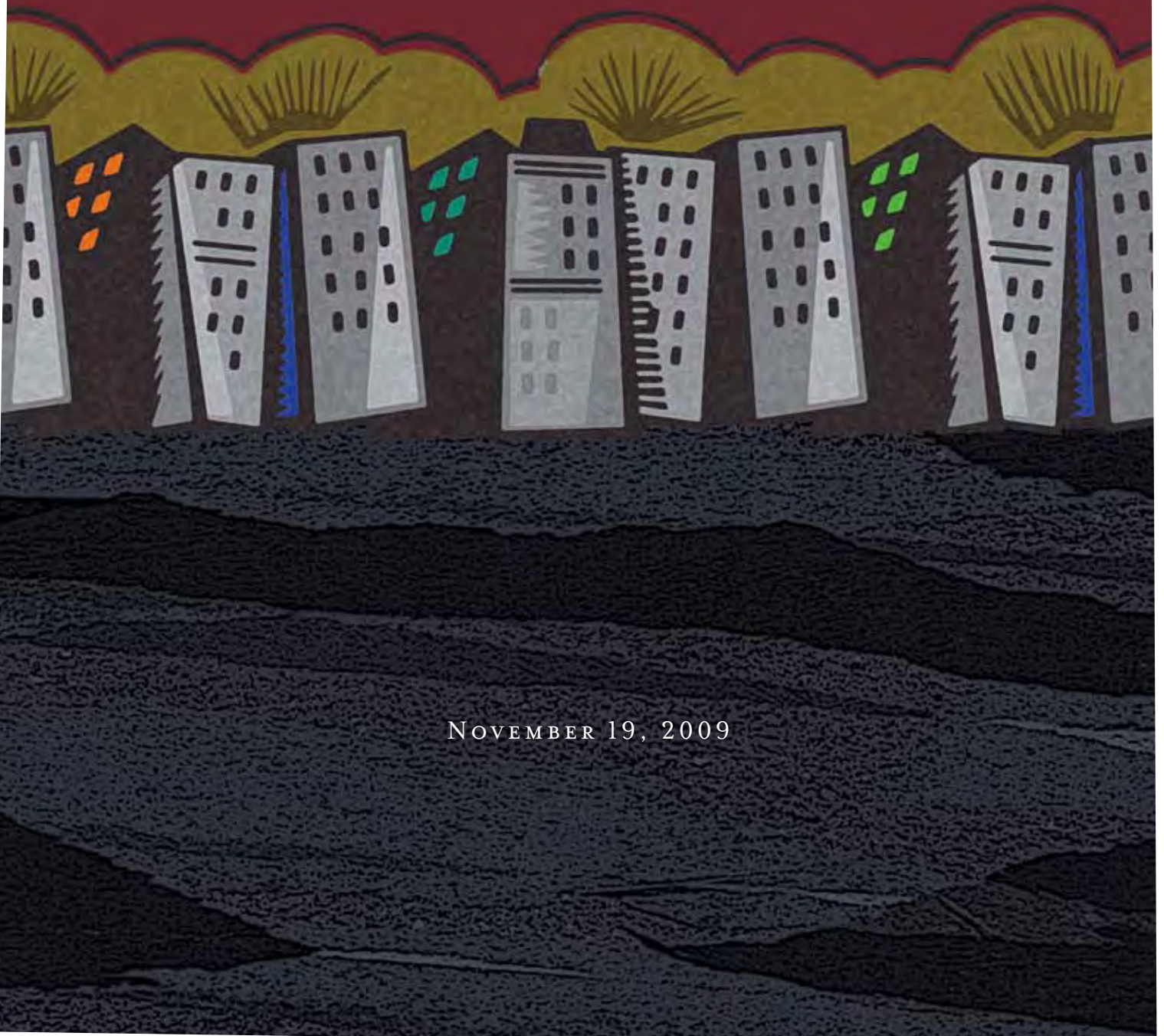


HEARTH

# Ending Elder Homelessness

THE IMPORTANCE OF SERVICE-ENRICHED HOUSING



NOVEMBER 19, 2009



For many elders living on fixed incomes, lack of affordable housing can push them into homelessness.

According to recent estimates from the U.S. Department of Housing and Urban Development (HUD), over 250,000 homeless older adults were sheltered in emergency or transitional housing programs in the United States over the course of a single year.<sup>1</sup> It is anticipated that the number of homeless elders will continue to rise as the baby boomer generation ages.

Homeless elders face challenges that are very different from those experienced by younger adults or families. For seniors, the ravages of homelessness can accelerate and magnify the effects of aging, including:

- increased physical frailty
- chronic disease
- impaired mental function
- loneliness and isolation

Founded in 1991, Hearth, Inc. is a 501(c)3 nonprofit organization serving older adults (age 50 and older) in the Greater Boston area who are homeless, or at risk of becoming homeless. Based on its 18-plus years of experience, Hearth knows that ending elder homelessness requires more than a “brick and mortar” approach. Given the vulnerabilities of many homeless older adults, creating stable housing requires supportive or service-enriched housing. The focus of this brief report is to:

- Describe the nature and complexities of homelessness in later life;
- Share Hearth’s successes in service-enriched housing; and
- Produce information to generate policy recommendations to promote safe and permanent housing for elders who are homeless or marginally housed.

The goal of this report is to not only shine light on the complexities and challenges of elder homelessness, but to offer a conceptual framework for ending elder homelessness in our state. Together, we can ensure that all Massachusetts seniors can age with dignity in a safe and secure home environment.

### Data Collection

In June of 2008, Hearth surveyed the elder residents of Hearth housing to document their pathways to homelessness, their challenges and needs, and their

experiences in Hearth’s service-enriched housing. Hearth invited 120 older men and women who resided in Hearth-operated housing to participate in this research study. Of these 120 residents, 97 gave written, informed consent to participate in the study, for an overall response rate of 81%.

Study participants engaged in one-time structured interviews conducted in their homes by Hearth’s professional staff. In addition, data was collected from participants’ personal records at Hearth. Information collected from records included: demographic information such as age, race, and sources of support; information concerning residents’ previous and current living arrangements; information on health status and service needs; and information about residents’ use of services. In brief and individual interviews lasting approximately 30 minutes, study participants were asked about their perceptions of their health, life satisfaction, and experience living in a Hearth-operated residence. Collected information was provided to Drs. Judith G. Gonyea and Sara S. Bachman of Boston University School of Social Work for statistical analysis.

### Who are the Elderly Homeless?

Generally, people age 50 and older are included in the category of “homeless older adult.” This is because homelessness often magnifies and exacerbates medical conditions. Many homeless people in their fifties have the chronic health problems associated with old age; therefore, most are unlikely to seek or return to employment.

It is frequently noted that homeless older adults are often invisible. This invisibility may be due in part to their fear and avoidance of shelters and soup kitchens, but it may also reflect our society’s discomfort in believing that our aging family members—our grandparents, our aging parents, and our uncles and aunts—may suffer from mental illness, addictions or poverty and find themselves in unsafe or unhealthy living conditions.

FIGURE 1

**Factors Leading to Hearth Residents' Prior Homelessness**

Mental health problem	36%
Physical health problem	30%
Family & friends request elder leave (i.e., conflicts, overcrowding)	28%
Addictions	14%
Eviction	11%
Loss of family member providing home or care (i.e., relocation, death)	9%
Loss of housing unit (i.e., condemned, closed)	6%
Domestic violence or elder abuse	4%
Self-Neglect	4%

*\*Adds up to more than 100% due to some elders identifying multiple reasons.*

The loss of a home, a place that provides a safe environment, is especially troubling to elderly people due to their frailty and vulnerability to victimization. Many factors put older people at risk for homelessness. Poverty and lack of affordable housing are two critical issues. Today, 3.6 million American seniors live below the federal poverty line and millions more are just making ends meet.<sup>2</sup>

Lack of affordable housing can push elders into homelessness. For many older adults living on fixed incomes, rising rents can start a downward spiral.

For people in their fifties, job loss and prolonged unemployment can dramatically increase their risk of homelessness.

Lifelong struggles or late-life onset of severe mental illness, cognitive impairments or addiction disorders also increase elders' vulnerability for homelessness. Serious physical and/or mental health problems can limit seniors' ability to care for themselves and lead to dangerous self-neglect.

For many elders, a "trigger event" or "transition" may precede their homelessness; these events include widowhood, divorce, domestic violence, eviction and the declining health or death of the family member who cared for them.<sup>3</sup> As shown in Figure 1, many of the formerly homeless elders who were surveyed experienced these pathways to homelessness.

Indeed, for some Hearth residents surveyed a combination of risk factors and trigger events led to their homelessness. For example, in some cases, interpersonal conflicts or overcrowding led family members or friends to ask the individual to leave. While for others the behavioral problems (i.e., agitation, aggression) associated with their mental health difficulties or addictions resulted in an eviction notice.

**What are the Health Challenges Faced by Homeless Elders?**

Homelessness often leads to unsafe and unsanitary living environments. These conditions not only aggravate older adults' pre-existing health problems but may also interfere with effective treatment of their diseases. Surveys of homeless older adults reveal that more than one half have serious medical problems.<sup>4</sup> In fact, 61% of Hearth's survey participants have active medical problems and 51% are



living with chronic pain. The most frequently identified problems are found in Figure 2.

Most experts estimate that about one third of single homeless adults have a serious mental health illness.<sup>5</sup> More than half (56%) of Hearth’s survey participants have one or more diagnosed mental health problems. As Figure 3 shows, the most frequently diagnosed disorders are schizophrenia, depression, paranoia, anxiety and bipolar disorders. These mental health problems, coupled with the sensory problems associated with old age (i.e., hearing loss, reduced vision) may lead to greater paranoia, distrust and isolation.

Many homeless elders, even those without severe mental health problems, struggle with feelings of depression and sadness. Almost three-quarters of survey respondents are coping with some level of depression or anxiety. In fact, four out of every ten respondents have received either inpatient or outpatient mental health services in the past. A significant number of survey participants are also coping with cognitive impairments, including Alzheimer’s disease and dementia (13%) and developmental disabilities (10%). Other surveys also show that substance abuse and addiction are very prevalent among single homeless adults.<sup>6</sup> About four out of every ten Hearth survey respondents have a past history of alcohol problems.

### Why is Finding Safe Permanent Housing so Challenging?

For many homeless older adults the path to safe permanent housing is a difficult one. Persistent poverty makes the accumulation of funds for a new rental unit (i.e., first month rent, security deposit) an insurmountable obstacle. Most homeless elders lack any safety net of income, pensions or savings. Living below the federal poverty line, they often struggle to meet their most basic

FIGURE 2

#### Most Common Chronic Physical Health Problems of Hearth Residents

Circulation/Heart Problems	69%
High Blood Pressure/ Hypertension	61%
Diabetes	52%
Arthritis/Muscular-Skeletal Problems	52%
Vision Problems	32%
Lung Disease	28%
Dental Problems	21%
Hearing Problems	20%
Skin Problems	20%

FIGURE 3

#### Most Commonly Diagnosed Mental Health Problems of Hearth Residents

Schizophrenia	22%
Depression	20%
Paranoia	8%
Bipolar Disorder	5%

daily needs with very meager benefits from Social Security or Supplemental Security Income (SSI). Nationally, the average SSI monthly payment check to a person 65 and older (Hearth residents’ most common source of income) is approximately \$400.<sup>7</sup>

For most of these older adults, market-rate housing is simply not a viable option; yet, publicly subsidized housing options remain very scarce. In many communities, waiting lists for local housing authority apartments have become common for the elderly and disabled. Similarly, a number



FIGURE 4

**Hearth Survey Participants Requiring Help with Activities of Daily Life (ADLs)**

Bathing	61%
Dressing	44%
Toileting	24%
Eating	6%
Transfer in & out of bed or chair	1%

FIGURE 5

**Survey Participants Requiring Help with Instrumental Activities of Daily Life (IADLs)**

Housekeeping	74%
Laundry	70%
Medication Management	57%
Transportation	53%
Shopping	49%

of communities' HUD rental assistance programs (Section 8 Housing), which allow individuals to rent in the private market and apply for a subsidy to their rent, either have long waiting lists or are closed to new applicants.<sup>8</sup>

Chronic physical and mental health problems impact older adults' ability to perform the necessary tasks of daily life—whether caring for themselves (i.e., bathing, dressing) or their homes (i.e., cleaning, shopping). Inability to do these tasks can jeopardize individuals' health and result in further downward spiraling. For example, the inability to bathe one's self may result in skin abrasions, open infections and fungus. Similarly, the inability to cook or prepare meals may lead to a poor diet which may further worsen individuals' diabetes or hypertension.<sup>9</sup> As figures 4 and 5 show, many of Hearth's survey participants require assistance in performing many of these tasks of daily life.

The ability to correctly manage one's medications is also critical. Failure to properly take medications can lead to a rapid deterioration of health, increased use of emergency rooms and longer hospital stays. Yet, managing medications is often a difficult task; for example, survey respondents, on average, must manage ten different drugs on a daily basis. Physical health problems can severely limit older persons' ability to search for housing as well as their stamina to maintain themselves or their homes. Mental health problems, substance abuse and cognitive impairment can affect reasoning, judgment and decision making. The social isolation of many homeless older

adults—or those at risk of becoming homeless—may limit their ability to garner support and resources.

As previously noted, for older adults, the ravages of homelessness can accelerate the challenges of aging: of increasing physical frailty, of impaired mental functioning, of persistent poverty, and loneliness and isolation. Facing a multitude of problems, these vulnerable older adults often face a difficult, if not impossible, journey to find safe permanent housing on their own. For many of these homeless or marginally housed elders, given their levels of physical and/or mental impairments, a “brick and mortar” approach—that is, simply providing a physical structure or home—is inadequate. For these vulnerable elders, it is increasingly recognized that service-enriched housing represents the best solution.

### What is Service-Enriched Housing?

Service-enriched housing programs are designed to promote as much self-sufficiency as possible for frail and vulnerable elders through the provision of the array of services they require. The central objective of service-enriched housing programs is to assist vulnerable residents to age with dignity by attending to their special physical health, mental health and social needs.

Through working with local neighborhoods and communities, Hearth has successfully created 136 units of permanent service-enriched housing located in seven different residences throughout the Greater Boston area. The key elements of Hearth's service-enriched residences include the following on-site resources:

- Subsidized rental units offering residents a continuum of care to meet their specific needs
- A multidisciplinary professional team of masters-trained licensed social workers, registered nurses, personal care homemakers, site directors, and overnight managers
- Health assessments, treatment planning and service delivery done in collaboration with each resident
- Wellness promotion to support healthy lifestyle choices
- Crisis management to provide immediate assistance to distressed residents
- Personal care and homemaking services to help residents with daily care
- Meal assistance to promote healthy diets
- Group activities offering opportunities for social engagement
- Medication management to aid residents in organizing and/or taking their required drugs
- Financial management including representative payee services and direct rent withdrawal
- Care coordination with outside health and social service providers, such as visiting nurses and hospice care

Housing with integrated supportive services leads to good outcomes for elders who have struggled with the consequences of poverty and homelessness.

### What is the Continuum of Service-Enriched Housing Offered by Hearth?

Each of Hearth's seven residences has a unique character and community for the elders who live there and call it home. The seven residences are:

- **Bishop Street House:** A congregate living community in a Victorian house located in Jamaica Plain, it is home to nine formerly homeless elderly women. Each resident has a single bedroom; a feeling of community is created through the sharing of a kitchen, living room, porch and garden.
- **The Anna Bissonnette House:** Located in Boston's South End, this site of the former Aerated Bread Company, is home to 40 formerly homeless and at-risk elders. The building has 22 studio and 18 one-bedroom apartments. Each floor has common area kitchens and community spaces.
- **Ruth Cowin House:** A stately brownstone located in Brookline, it is home to nine low income elders. Each resident has a furnished studio or one bedroom apartment with kitchenette. The living room/dining area has a large fireplace for gatherings.
- **Ruggles Affordable Assisted Living:** This former school is the first assisted living facility in Boston targeted to low income elders. Eighteen of the 43 studio apartments are prioritized for elders who are homeless or at-risk of becoming homeless. Common areas include a living room, main dining hall, activities room with complete kitchen, and sunroom.
- **Hearth at Burroughs Street:** Located in Jamaica Plain, this 14-unit Victorian house offers elders a congregate-style community. The house contains several common areas, including a kitchen, a dining room, and a living room. An elevator and wheelchair ramp provide access for elders with limited mobility.
- **Uphams Corner ElderHouse:** This Dorchester neighborhood site provides 14 furnished studio apartments for formerly homeless elders, some with special needs. It is part of a mixed-use development known as Uphams Corner Market which is comprised of retail and residential units. Residents can enjoy

access to an enclosed courtyard in addition to a full service drugstore and restaurant.

- **Milton Fuller Housing Corporation/Fuller Village:** Located on the South Shore, Fuller Village is part of the Milton Fuller Housing Corporation, a non-profit management company providing affordable housing for the elderly. Hearth has a unique arrangement through the Fuller Estate Trust to provide housing units for seven formerly homeless elders.

### What Outcomes are Associated with Service-Enriched Housing?

Housing with integrated supportive services leads to good outcomes for elders who have struggled with the consequences of poverty and homelessness. In Hearth's service-enriched housing, formerly homeless and at-risk elders receive services tailored to their individual, daily living needs. In addition, Hearth helps elder residents establish and maintain relationships with other community-based health care providers. Ninety-five percent of Hearth's survey respondents report a visit with a primary medical care provider within the previous six months, demonstrating Hearth's success in forging connections between its elder residents and critically important community-based care.

Many of those participating in the survey report positive assessments of their health and well-being as residents of Hearth's housing, despite the numerous and serious health challenges they experience.

- 68% of respondents rate their health (including physical, emotional, and mental health) as either: good, very good, or excellent.
- 70% of respondents report being either satisfied or very satisfied with their lives, in general.
- 78% of respondents express satisfaction with their living environments, with an additional 10% expressing neither satisfaction nor dissatisfaction.

Access to safe, affordable housing and a supportive living environment promotes stability, wellness, and life satisfaction among formerly homeless older adults.

## Why are Outreach Services Vital to Getting People into Supportive Housing?

A key aspect of Hearth's service model is its program to help homeless elders and elders at risk for homelessness both find and secure permanent homes. Indeed, the Hearth Outreach Program is unique in that the case managers work with individuals who fall anywhere on the continuum of "housing readiness." This means that the Outreach case managers often start working with individuals who have no income or health services in place (mental health or medical treatment) and may have a multitude of other housing barriers such as poor credit histories, criminal histories, and poor or no housing histories.

The Outreach Program provides comprehensive case management with a holistic approach, focusing on all the issues that contribute to making an individual "housing ready." Importantly, the case managers develop individualized service plans that are tailored to each elder's unique needs.

To develop solutions that address each elder's housing barriers, case managers also work collaboratively with numerous providers and systems, including legal aid, the Department of Mental Health, medical providers, the courts, elder service providers, landlords, management companies, shelter staff and clients' families. Outreach case managers not only advocate for elders in their search for housing but they also provide "stabilization support" to help seniors adjust to their permanent housing. This stabilization support helps to ensure successful placements.

## Hearth's Achievements with the Elderly Homeless Population

Since opening its first residence in 1992, Hearth has expanded to seven residential sites in the greater Boston community providing 136 units of service-enriched housing to homeless and marginally-housed elders.

In fact, since 1991, Hearth has helped an estimated 1400 vulnerable older adults secure affordable housing (including Hearth residences) in and around the city of Boston. Of those individuals who have moved into Hearth housing, the vast majority have chosen to remain and make Hearth units their long-term homes. This decision matches the wishes and desires of many older Americans to remain in their own homes and communities as they grow older or "age in place." For those individuals whom Hearth has placed in other affordable housing, they too have a very high retention rate, with 96% remaining in their housing after one year of being placed. Hearth's Outreach Program's dual services of advocacy and stabilization play a

significant role in this high level of successful placements.

The elders living in Hearth residences include both men and women who are ethnically and racially diverse. Slightly more than half (56%) of the survey respondents are men. About half (54%) of respondents are White, 44% are African American or Black, and 7% are Latino or Hispanic. The current residents also span a wide range of ages. Slightly more than one-third of Hearth's survey respondents are between the ages of 55 and 64, about one third are 65 to 74 or the "young old," and 22% are 75 and older or the "oldest-old."

Hearth has reached out successfully to serve both homeless elders and those at-risk for becoming homeless. Reflecting the objectives of supporting both homeless and marginally-housed older adults, survey participants are almost equally divided between those who were at risk for becoming homeless prior to their entry into Hearth housing (49%) and those older adults who found themselves without housing (51%). Approximately 40% of all survey participants were previously among the ranks of the "chronically homeless." The chronically homeless, according to the federal government, are those individuals with a disabling condition (substance use disorder, serious illness, developmental disability or chronic physical illness or disability) who have been homeless either continuously for one whole year or four or more times in the past three years.<sup>10</sup>

The two most common prior living arrangements for survey participants who are formerly homeless are emergency shelters (26%) and transitional housing for homeless persons (21%). Yet, almost one out of every five was living with family members or friends prior to moving into a Hearth unit. Oftentimes their living arrangements were precarious due to factors such as the decline of a family caregiver's health, domestic disputes, or overcrowding. A small, but significant proportion (16%), were "renters-at-risk" due to factors such as rising rent, the closing or sale of their buildings, or evictions.

We see wide variation in the length of prior homelessness among survey respondents who identified being without a home before becoming a Hearth resident. About one fifth of these formerly homeless individuals had been without a home for less than one year, slightly more than 65% had been homeless for one to five years, and about 15% had been homeless for more than five years.

In a count of homeless persons on a single night in January 2008, it is estimated that about 19% of the total homeless population is chronically homeless.<sup>11</sup> The much higher percentage of chronically homeless persons living in Hearth residences reflects the reality that individuals who have lived on the streets longer often have more serious





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physical and/or mental health problems which require the additional types of supports typically found in service-enriched housing. Simply providing these vulnerable individuals physical shelter will not lead to permanent housing.

### Cost Implications

Studies have documented the high cost of providing care to persons who are homeless.<sup>12,13,14,15,16</sup> These reports generally focus on costs associated with health care and mental health services; primarily for care delivered in emergency and other hospital settings, incarceration and shelter use. Chronically homeless people, defined earlier as individuals with a disabling condition who have experienced repeated or extended stays of a year or more on the street or in temporary shelter, generate even greater costs. This subset of people make up about 40% of Hearth residents surveyed.

Persons with severe mental illness (who make up 56% of Hearth's survey participants) are another group within the homeless population who consume costly services. According to a study released by Culhane et al. in 2002, homeless people with severe mental illness used about \$40,451 per year per person in services, 85% of which were associated with health care and mental health services.<sup>17</sup>

A statewide study conducted by the Massachusetts Housing and Shelter Alliance (MHSA) examined the cost implications of assisting the chronically homeless in Massachusetts through a Housing First pilot program. In this multi-year study, MHSA found that the cost-savings associated with Medicaid, shelter, and incarceration expenses for homeless individuals placed into supportive housing were an estimated \$8,949 per person, per year. Medicaid costs, alone, were reduced by 67% for a subset of the study population after participants were placed into a Housing First program.<sup>18</sup>

In a study conducted by Boston Health Care for the Homeless, “the average annual health care cost for individuals living on the street was \$28,436, compared to \$6,056 for individuals in the cohort who obtained housing.”<sup>19</sup> The most comprehensive case for supportive housing comes from the 2002 Culhane et al. study in which nearly 5,000 mentally ill people who were initially homeless and then housed were tracked. Researchers found that supportive housing created an average annual savings of \$16,282 per person.<sup>20</sup> Annual cost-savings may be larger when housing a homeless senior because of the impact of homelessness on the acceleration of the aging process.

In addition to the monetary costs associated with being homeless, individuals without permanent shelter suffer disproportionately poor health and have a high rate of premature death.<sup>21</sup> In other words, we are spending a great deal of money on high-cost crisis care and emergency housing without improving the quality of life of persons served or addressing the fundamental problem of homelessness itself.

### Framework for Policy Recommendations

Through recent joint efforts of the Governor and the State Legislature, the Commonwealth of Massachusetts has made ending homelessness a state priority. An important first step was the reinstatement of the Interagency Council on Housing and Homelessness (ICHH) in late 2007. A key component of the ICHH strategy is the statewide “Housing First” initiative aimed at ending homelessness in Massachusetts by 2013.<sup>22</sup> Hearth can offer essential contributions to this statewide policy initiative since the Hearth model promotes stable housing for elders who have been homeless or marginally-housed.

As emphasized in the Hearth model, ending elder homelessness must involve action at two levels:

- Providing a safe residential space for older adults who are homeless or at risk of homelessness; and
- Providing supportive services that promote self-sufficiency and stability for these vulnerable older adults who gain housing.

As highlighted in the data on Hearth’s survey participants, homeless older adults often experience increased levels of frailty, chronic disease, impaired mental and cognitive functioning as well as loneliness and isolation. Individuals with this range and complexity of physical and cognitive impairments will face significant challenges in maintaining

housing even after it is found. Supportive services, or service-enriched housing, must be included as an essential component of the Commonwealth’s strategy to end homelessness for all its citizens of all ages.

Hearth’s integrative service delivery model could be supported by provisions introduced by House Bill 1222, entitled *An Act Relative to Community Housing and Services*. This bill, introduced by State Rep. Kevin G. Honan calls for:

- The development of a memorandum of understanding that includes the procurement for new and existing supportive housing to serve the Commonwealth’s homeless or at-risk-of homelessness, people with disabilities, and elders;
- A grant program, to be known as the “Community Housing Supportive Services Action Grant;”
- A directive to identify and resolve barriers and reduce fragmentation for the provision of community-based supportive services and affordable housing; and
- The creation of a demonstration program that creates permanent supportive housing.

The fragmentation to which this bill refers is experienced by Hearth and other providers who currently work with an array of funding sources which often do not meet the particular needs of elders who are homeless or at risk of homelessness. This fragmentation, or patchwork, often results in significant gaps in support or care for elders in need.

Hearth, who has a long and successful history of providing outreach and supportive services to some of the Commonwealth’s most vulnerable citizens, would be an ideal site for a demonstration project, and a model candidate for the Community Housing Supportive Services Action Grant. Hearth’s Outreach case managers and residential clinical staff know what is needed to help persons access and utilize services to maintain successful tenancies, and to avoid unnecessary institutionalization.

Hearth, through the success of its outreach and service-enriched, residential programs, promises a cost-effective strategy for providing safe and permanent housing to the Commonwealth’s most vulnerable elders. Hearth’s approach promotes relative independence for aging adults, protects the dignity of seniors as they grow older, and underscores the importance of integrating housing, health care, and other supportive services to ensure housing stability for formerly homeless individuals.



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