ST. MARY'S CENTER
Everybody needs a place

Seniors on the Streets

Challenges and Collaborative Solutions

By LaRue Williams, Director of Homeless Services

Challenges
Trauma, Illness, Neglect, Abandonment

- A frail senior was dropped off at our winter shelter by their children. The children said they could not cope with their parent's declining health, mental status and incontinence.
- Attempted **family** discharge from a Board and Care to winter shelter to save money for the 5 months of operation. Senior had a long history of severe mental health and behavioral health issues.
- Hospital discharged an 84 year old out of county patient who was living in a car with their son. Senior was abandoned with high blood pressure, congestive heart failure and incontinence.
- Returning senior immediately following a 5150

The Two Year Wait for Affordable Housing

- Strategies for the 12-24 months that seniors are in shelter, couch surfing, living on the streets or vehicles as they are on waiting lists to find housing.

- Access to day services such as Resources for the Third Age and our Homeless Senior Services Team that help stabilize homeless seniors and support seniors age in place.

Wrap Around Services
that Respond to Unique Needs of the Homeless Senior

Homeless Senior Services encompasses intensive case management, addiction recovery, mental health and psychiatric care, a winter emergency shelter, a housing clinic and transitional housing.

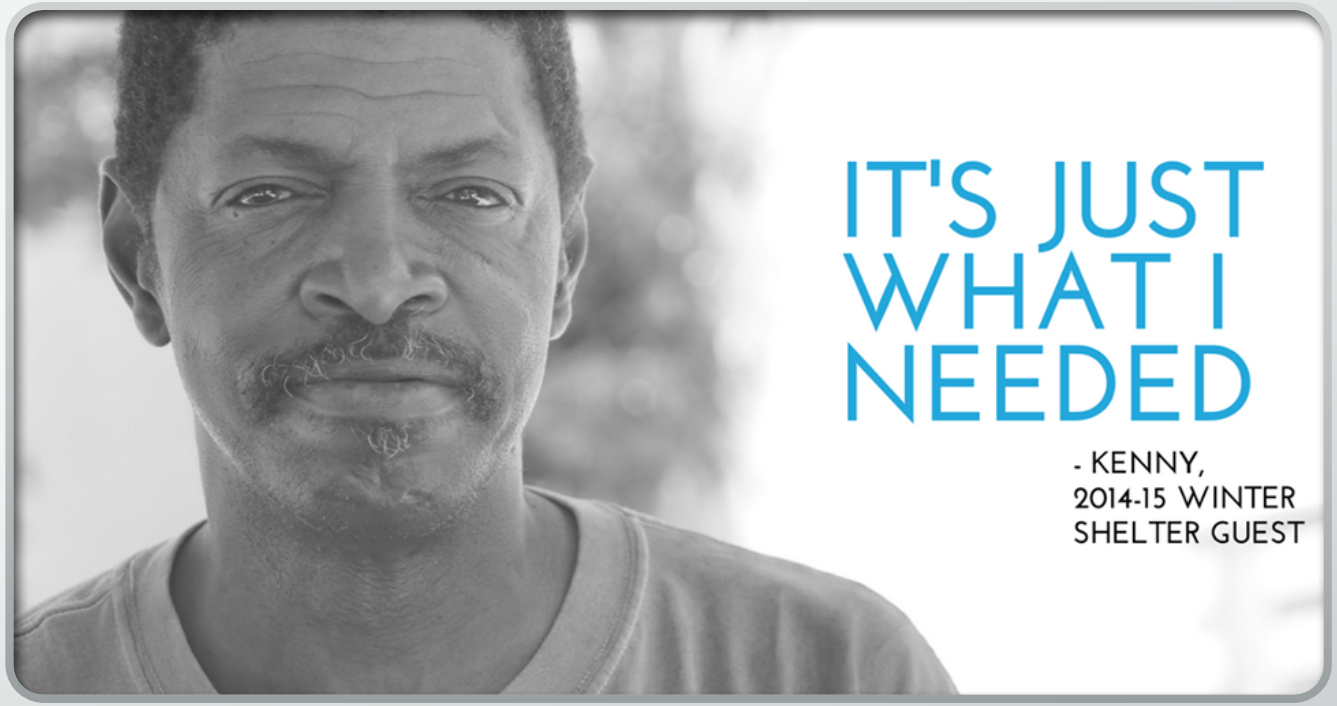
- Intensive Case Management is supplied by a multidisciplinary team of 6 Social Workers/Certified SSUD counselors, Psychiatrist, Housing Locator and interns. Placement in Winter Shelter, Transitional Housing (3 programs) and Rapid Rehousing services for seniors with moderate to severe mental illness.
- Service plans that emphasize system wide coordination and accessibility: treatment plans that address chronic, co-occurring health conditions recognizing the accelerated physical and psychological changes that come with homelessness and aging.

Improving Quality of Life

- **Resources for the Third Age** provides resources so that low-income seniors can age-in-place. Program elements include community lunches, medication monitoring, fall prevention, alcohol prevention, friendly visiting, representative payee and case management, advocacy training, art and cultural observances, student nurses, Health Home outreach and engagement.

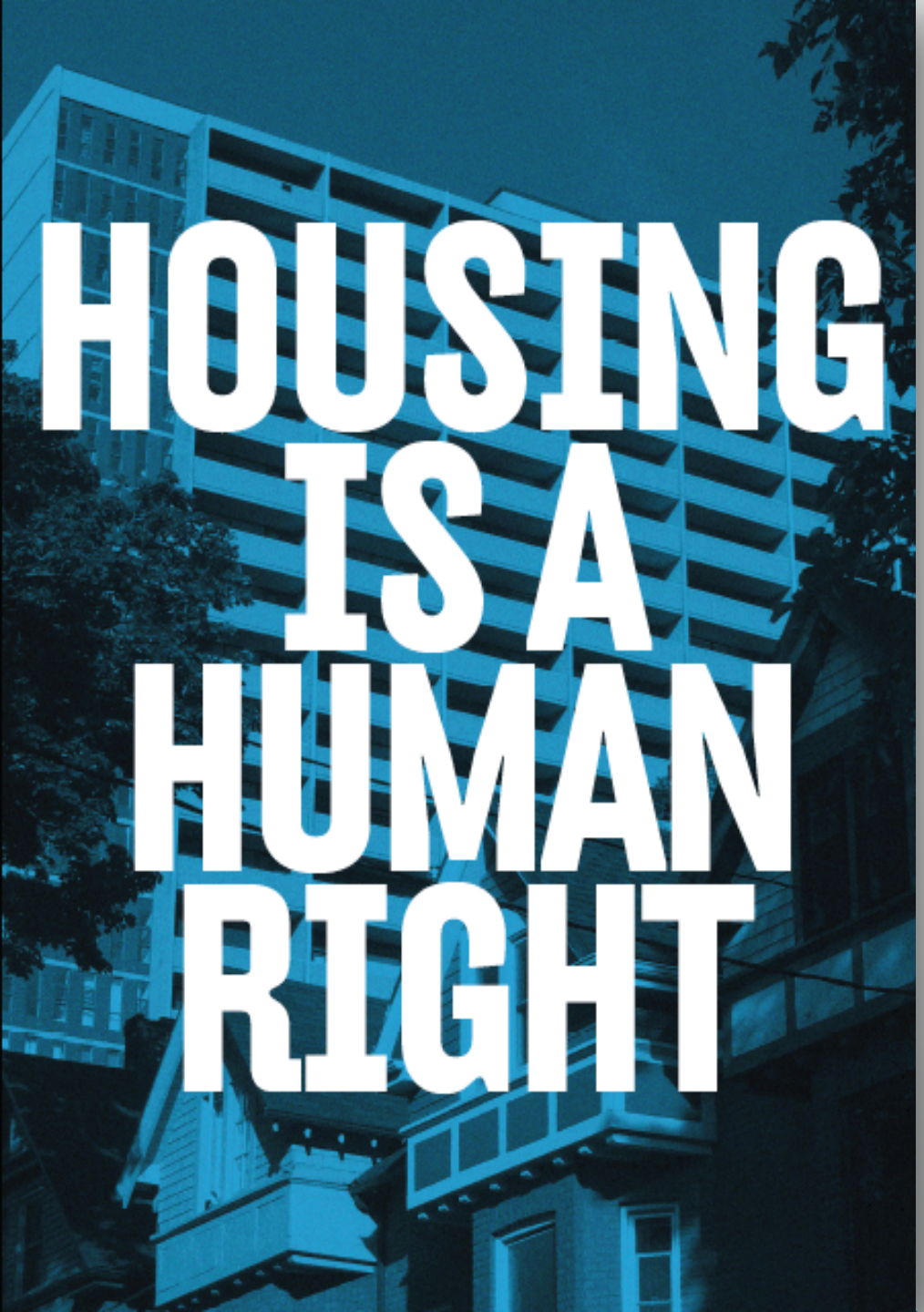
Housing is Health

- We have said for many years that the answer to **adult** homelessness is a **home**, and for those that need the skills and resources to keep it.
- Skills – life skills to transition into and keep housing
- Resources
  - Housing subsidy to make housing affordable in the Bay Area (and beyond)
  - The close working relationship between the resident, their CM and property management / landlord to avoid eviction
  - Community engagement, elder leadership and advocacy



Aging in Place

- **For homeless seniors** we need to consider the **additional resources to age-in-place** and **plan for transitions to higher levels of care**:
- Access to healthcare and coordinated long-term support services
- Access to higher levels of care: Board and Care, Skilled Nursing Facilities, Palliative and End-of Life-Care
- Age-specific behavioral health services including mental health and substance use disorder
- Access to IHSS within shelters, transitional housing and permanent (supportive) housing
- Address food insecurity and have access to food and the means to prepare it
- Fall prevention and medication management services that address changing activities of daily living (ADLs /IADLs)



LaRue Williams
LRWilliams@stmaryscenter.org
www.stmaryscenter.org

Some images owned by St. Mary's Center and others downloaded from google.com/images -
Respect to moveforhunger.org, www.123rf.com, wear your voice mag

Appendix

- These additional strategies to age in place need to address:
- Social isolation
- Loss of role
- Family breakdown
- Declining physical health/mobility and mental status

Collaborative Solutions

- **Prevent** senior homelessness
- Targeted healthcare and **age-specific behavioral health care services**
- **Break down silos** that exist between agencies and funding sources
- Develop more **older homeless adult day centers** – day respite care

Collaborative Solutions

- Respite medical shelter for older adults that do not exclude individuals with incontinence.
- Access to end of life, palliative and hospice care for unhoused and shelter based older adults.
- Create more Affordable and Accessible housing targeting seniors that allows tenants to age-in-place and plans for medical and cognitive decline.
- Create specialized services for frail individuals who are in need but are not eligible as they are below 62. Screen for geriatric services early – 55 and above.