



HOUSING AND HEALTH
TO END HOMELESSNESS

Aging in Place Concepts and Interventions in a Housing First Context

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ADVOCACY



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HOUSING FIRST



EMPLOYMENT SERVICES



HEALTH SERVICES



INTEGRATED SERVICES



RESEARCH & INNOVATION



SURVIVAL SERVICES

Agenda

- Background and Need: Why is this important?
- Strengths and Limitations of PSH
- Current Interventions Being Trialed
 - Pilot studies in Massachusetts and California
 - New initiatives being explored at DESC
- The Potential for Occupational Therapy
- Group discussion



Background

Median age of 50
in unhoused
population, and
rising

Severely
accelerated
aging compared
to typical
population

Not eligible for
Medicare until
age 65

Limited ability to
move to more
supportive
environment due
to
SUD; MI; history
of incarceration

De Facto
Aging in
Place

Frailty of Older Adults in PSH

Per 2017 study interviewing 237 adults in Los Angeles PSH (median age 58):

ADL
impairment:
42%

IADL
impairment:
69%

Urinary
incontinence:
40%

Mobility
impairment: 51%

Falls in the last
12 months: 57%

Cognitive
impairment (per
results of
MMSE): 21%

Visited ED in the
last 12 months:
50%

Hospitalized in
the last 12
months: 24%

Limitations in PSH

- Pros: long-term stability, improvement in ADL's, and decreased rates of hospitalization
- Cons: limited ability to adapt to changing functional needs
- Implications:
 - Additional support services in PSH are needed
 - Existing PSH staff members need specific training on geriatric conditions
 - The physical characteristics of PSH housing, including units, may need to be modified to better suit residents' capacities and needs.



Four Pilot Projects (LA, SF, SD, Boston)

PSH + CAPABLE: Los Angeles, CA

- 6-month in-home program providing RN, OT, handyperson services

PSH + Healthcare: SF Bay Area, CA

- HUD-VASH ADA apartments
- On-site healthcare clinicians including PCP, psychiatrist, psychiatrist, MSW

PSH + PACE: San Diego, CA

- Enrollment of 100 PSH residents in federal managed-care program
- Ancillary health services included
 - Transportation to appointments

PSH + Geriatric-Focused Services and Care: Boston, MA

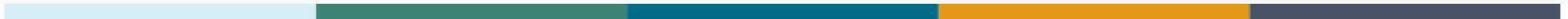
- 5 wheelchair-accessible buildings + ALF
- Interdisciplinary team including MSW, RN, and caregivers

DESC Trial Interventions to Improve and Enhance Caregiver Services

Private Pay Option

Site-Based
Coordinated Care

Client-Focused
Building Support



Private Pay Option for Caregiving

Connecting clients to private-pay options for those who do not qualify for COPEs hours or do not want a COPEs caregiver



Site-Based Coordinated Care

- Cluster care: COPES hours historically allocated in chunks and scheduled on specific days. This resulted in frequent scenarios in which caregiving services were underutilized or not delivered effectively
 - E.g. Client was not home at the designated time and/or services were needed outside of designated hours
 - Resulted in lots of exits and care givers losing hours
- To address this, DESC partnered with Full Life Care, ALTSA, and others in HCS to pilot a new way of deploying caregiving services: Site Based Coordinated Care
 - Tenants each develop a care plan in coordination with CSS and Caregiver.
 - These care plans are centrally managed by a point person (often CSS Supervisor) and caregivers are deployed to another client depending on individual need, not pre-assigned hours.
 - Led to increased service utilization, more consistent enrollment, more consistent/reliable hours for caregivers, and better/flexible care for tenants.

Client-Focused Building Support

- Due to available flexible funding, DESC worked with Full Life to contract for general caregiving hours at specific buildings.
- Caregivers would work with building staff to identify tenants that could benefit for caregiving services but were not enrolled.
- These services were deployed with maximum flexibility, allowing caregivers to work with people prior to enrollment to build trust, demonstrate the value of caregiving services, and deliver maximally flexible services.
- In addition to delivering care to people who would otherwise not receive it, this served as an outreach to potentially connect people to traditional COPES services.



Intervention:

Unit Condition Response Team

- Unit Condition Response Team (UCRT) is a multidisciplinary team with specialties designated to bridge gaps in service to support healthy living conditions
- Focused on providing additional resources to assist individuals with maintaining their housing/living space in a safe and healthy way with a trauma informed and harm reduction approach.
- UCRT addresses sanitation, clutter, damage, accessibility, safety and other in-unit related concerns. UCRT does physical work in units while also coordinating with care teams, making and documenting clinical observations, and coaching/modeling/prompting life skills and IADL's with residents in their living space.



The Potential for Occupational Therapy

Occupational therapy is: a skilled healthcare service promoting safe and functional participation in daily activities that a client wants or needs to do.

Occupational therapy can look like:

- Providing individualized functional assessments and intervention
- Recommending environmental modifications
- Acting as consult for accessible design of new buildings
- Providing staff training to bolster support to older adults and those with cognitive impairments

What is Occupational Therapy?



OT in PSH Case Examples

- Jane, a 70-year-old with rheumatoid arthritis, above knee amputation, and transport chair placed in non-ADA emergency shelter unit
- Patty, a 46-year-old with low vision and history of severe mental illness; apartment frequently infested and frequently flooded
- Juan Ramon, a 58-year-old with prosthetic leg who recently broke his other leg and is now wheelchair-dependent



Questions or Comments?

Thank you!

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Links for further review

- [Cognition, Health, and Social Support of Formerly Homeless Older Adults in Permanent Supportive Housing](#)
- [Geriatric Conditions in a Population-Based Sample of Older Homeless Adults](#)
- [Homelessness and rates of physical dysfunctions characteristic of premature geriatric syndromes: systematic review and meta-analysis](#)
- [Aging in the Right Place: A Conceptual Framework of Indicators for Older Persons Experiencing Homelessness](#)



