



SACHI A. HAMAI
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

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November 15, 2018

To: Supervisor Sheila Kuehl, Chair
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From: Sachi A. Hamai
Chief Executive Officer

ADDRESSING THE NEEDS OF HOMELESS OLDER ADULTS (ITEM #S-1, AGENDA OF MAY 15, 2018)

On May 15, 2018, the Board of Supervisors (Board) directed the Chief Executive Office (CEO), in collaboration with the Los Angeles Homeless Services Authority (LAHSA); the Departments of Workforce Development, Aging and Community Services (WDACS), Health Services (DHS), Mental Health (DMH), and Public Social Services (DPSS); the Community Development Commission/Housing Authority of the County of Los Angeles (CDC/HACoLA); and the Los Angeles City Department of Aging (LADOA) to report back to the Board in 90 days with the following information:

- 1) a description of the programs and services in place to serve older adults,
- 2) an assessment of ways in which Measure H-funded strategies are addressing the needs of older adults, and
- 3) a description of potential opportunities that will strengthen the response to the needs of older adults in the future.

The CEO-Homeless Initiative convened a Workgroup comprised of WDACS, LADOA, LAHSA, DMH, DHS, HACoLA/CDC, DPSS, homeless service providers, and various senior center providers, which has been meeting regularly since January 2018. The Workgroup compiled and analyzed information to address the three Board directives mentioned above and submitted a report on August 15, 2018. This report provides additional data on Homeless Initiative strategy performance data by age, updates on the pilots that are currently underway, as well as the ten potential opportunities to strengthen the response to the needs of older adults in the future.

Background

The Workgroup continues to meet regularly to discuss potential opportunities to bolster the response to homeless older adults. According to the 2018 Homeless Count, approximately 26 percent of the homeless population is aged 55 and older. Attachment I has demographic information on this group of approximately 12,700 individuals. Attachment II contains LAHSA performance data (from July 2017 through June 2018) for the following Homeless Initiative Strategies: A5 (Prevention for Individuals), B3 (Rapid Re-housing), E6 (Countywide Outreach System), and E8 (Enhance the Emergency-Shelter System). For example, Strategy A5 shows that 96 percent of older adults retained their housing after receiving prevention assistance, which is higher than the 89 percent rate for all individuals.

Pilots Underway

As mentioned in the August 15, 2018 report, the following pilots are currently underway to assist older adults experiencing homelessness:

- The Elderly Nutrition Pilot (ENP) Program is currently operating in Service Planning Areas (SPA)s 1, 4, 5, and 8. Homeless providers provide weekly in-reach and outreach to one senior meal site in each SPA and have engaged an estimated 86 older adults since March 2018.
- WDACS started a co-location pilot on September 21, 2018, whereby People Assisting the Homeless (PATH) and Volunteers of America Los Angeles (VOALA) are co-located at three Adult Protective Services offices: Central Los Angeles, Metro, and Mid-Wilshire.
- DPSS began a pilot in May 2018, to expedite In-Home Supportive Services (IHSS) referrals received by DHS and DMH interim housing providers. Applicants are referred approximately two weeks before moving out of their interim housing and into permanent housing. DPSS has processed 15 referrals as of October 31, 2018.

Opportunities to Assist Older Adults

The Workgroup has been meeting regularly to discuss the ten opportunities to assist older adults described in the last report. The status of the opportunities listed below are described in Attachment III.

OPPORTUNITIES	
1.	Review Homeless Assessment Tools [Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)]
2.	Specialized Interim Housing for Older Adults
3.	Cross-training for both the Aging and the Homeless Services systems
4.	Instrumental Assistance with System Navigation
5.	Older Adult Homeless Liaisons by SPA
6.	Place a gerontologist at LAHSA
7.	Group Homes and Board and Cares for Older Adults
8.	Shallow Subsidy Program for Homeless Older Adults
9.	Advocate for Palliative and Hospice Care in Interim Housing
10.	Shared Housing Pilot for Older Adults

The Workgroup continues to meet to plan for implementation of these various programs. Most of these opportunities will be implemented within existing resources, but some will require additional funding, including from Measure H, such as hiring a gerontologist at LAHSA. Opportunities that will require funding will be considered during the Fiscal Year 2019-20 Measure H Funding Recommendations process.

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Conclusion

Improving access to permanent housing with appropriate supportive services for older adults experiencing homelessness is of critical importance. Within 120 days, the CEO will report back to the Board with an update on the County's efforts to address the needs of homeless older adults. If you have any questions, please contact Phil Ansell, Director of the Homeless Initiative, at (213) 974-1752 or by email at pansell@ceo.lacounty.gov.

SAH:JJ:FAD
PA:JR:tv

Attachments

c: Executive Office, Board of Supervisors
 County Counsel
 Community Development Commission/Housing Authority of the County of Los Angeles
 Health Agency
 Health Services
 Mental Health
 Public Social Services
 Workforce Development, Aging and Community Services
 Los Angeles Homeless Services Authority
 Los Angeles City Department of Aging



2018 Greater Los Angeles Homeless Count - Aging Population - 55 and Over

Los Angeles Continuum of Care¹

Population	Sheltered	Unsheltered	Total	Prevalence of Aging Pop. (%)	Percent Change 2017 - 2018
All Persons 55 and Over					
All Persons	1,864	10,834	12,698	100%	+2%
Household Composition					
Individuals (Those not in family units)	1,771	10,746	12,517	99%	+2%
Family Members (Those in family units)	93	88	181	1%	+27%
Veterans					
All Veterans	487	1,403	1,890	15%	-11%
Chronically Homeless Veterans	134	815	949	7%	N/A ⁴
Gender					
Male	1,461	8,218	9,679	76%	+0.2%
Female	401	2,369	2,770	22%	+2%
Transgender	2	203	205	1.6%	+754%
Gender Non-conforming	0	44	44	0.3%	+47%
Race/Ethnicity					
American Indian/ Alaska Native	17	148	165	1%	+13%
Asian	30	134	164	1%	+59%
Black/African American	982	4,358	5,340	42%	-20%
Hispanic/ Latino	391	2,614	3,005	24%	+108%
Native Hawaiian/ Other Pacific Islander	16	54	70	0.55%	+1,067%
White	426	3,346	3,772	30%	-2%
Multi-Racial/Other	2	180	182	1%	+1%
Age					
55 - 61	1,163	6,708	7,871	62%	-6%
62 and Over	701	4,126	4,827	38%	+21%
Chronically Homeless					
Individuals (Those not in family units)	307	4,144	4,451	35%	-15%
Family Members (Those in family units)	0	18	18	0.1%	-49%
Total Chronically Homeless Persons	307	4,162	4,469	35%	-15%

Health and Disability					
Health/Disability Indicator ³	Sheltered	Unsheltered	Total	Prevalence in Aging Homeless Pop. (%)	Percent Change 2017 - 2018
Substance Use Disorder	101	2,045	2,146	17%	+0%
HIV/AIDS	45	112	157	1%	-9%
Serious Mental Illness	353	3,190	3,543	28%	-14%
Developmental Disability	142	527	669	5%	N/A ⁴
Physical Disability	472	2,516	2,988	24%	N/A ⁴

Domestic/Intimate Partner Violence					
Domestic/Intimate Partner Violence	Sheltered	Unsheltered	Total	Prevalence in Aging Homeless Pop. (%)	Percent Change 2017 - 2018
Homeless Due to Fleeing Domestic/Intimate Partner Violence	44	416	460	4%	N/A ⁴
Domestic/Intimate Partner Violence Experience	167	2,838	3,005	24%	-15%

Notes:

1. Los Angeles Continuum of Care covers Los Angeles County except Long Beach, Pasadena, and Glendale.

2. No data available to compare from 2017

3. Health/Disability indicators are not mutually exclusive (a person may report more than one). Numbers will not add up to 100%.

4. Comparison data from 2017 not available.

Prepared by Los Angeles Homeless Services Authority (Aug 2018)

Data from 2018 Greater Los Angeles Point-In-Time Count conducted in January, 2018. Visit <http://www.lahsa.org/homeless-count/> to view and download data.

**Select Homeless Initiative Strategies
Performance Data by Age**

Attachment II

Strategy A5: Homeless Prevention Program for Individuals

	LAHSA Data for 02/18-06/18*		
Metric	All Individuals	55+ Individuals	55+ Individuals as % of Total
Number of individuals served in A5	241	81	34%
Number of A5 participants that retain their housing or transition directly into other permanent housing	72	23	32%
Number of A5 participants that exit to any destination	81	24	30%
Percentage of A5 participants that retain their housing or transition directly into other permanent housing	89%	96%	N/A

* Program started in February 2018, so full year data is not available at this time.

**Select Homeless Initiative Strategies
Performance Data by Age**

Attachment II

Strategy B3: Partner with Cities to Expand Rapid Re-Housing

	LAHSA Data for 07/17-6/18		
Metric	All Individuals	55+ Individuals	55+ Individuals as % of Total
Number of individuals newly enrolled	11,668	751	6%
Number of individuals currently enrolled	17,787	1,304	7%
Number of B3 participants that were placed in housing	4,332	278	6%
Number of B3 participants that exited to a permanent housing destination	3,250	267	8%
Number of B3 participants that exited the program to any destination	7,871	562	7%
Number of B3 participants who obtained employment	441	47	11%
Number of B3 participants who obtained benefits	262	43	16%
Number of B3 participants who retained permanent housing (for 6 months from date of placement)	3,139	249	8%
Number of B3 participants who retained permanent housing (for 12 months from date of placement)	3,120	245	8%

**Select Homeless Initiative Strategies
Performance Data by Age**

Attachment II

Strategy E6: LAHSA Countywide Outreach System (Coordinated Entry System Teams and Homeless Engagement Teams)*

Metric	LAHSA Data for 07/17-6/18		
	All Individuals	55+ Individuals	55+ Individuals as % of Total
Number of unduplicated individuals initiated contact	10,918	2,930	27%
Number of unduplicated individuals engaged during report period	4,644	1,377	30%
Number of unduplicated individuals who received services or successfully attained referrals	3,621	1,057	29%
Number of unduplicated individuals who are placed in crisis or bridge housing	911	303	33%
Number of unduplicated individuals who are linked to a permanent housing resource	361	118	33%
Number of unduplicated individuals who are placed in permanent housing	266	85	32%

*Data does not include Department of Health Services' or Mental Health outreach teams.

**Select Homeless Initiative Strategies
Performance Data by Age**

Attachment II

Strategy E8: Enhance the Emergency Shelter System

	LAHSA Data for 07/17-6/18		
Metric	All Individuals	55+ Individuals	55+ Individuals as % of Total
Number of individuals who entered E8 interim/crisis/bridge housing programs in the reporting period	12,835	2,140	17%
Number of individuals who have been served by E8 funded interim/crisis/bridge housing beds	15,018	2,547	17%
Number of E8 participants that exited to permanent housing during the reporting period	2,489	434	17%
Average length of E8 participants' shelter stay for all exits in the reporting period	81	78	N/A

STATUS OF OPPORTUNITIES TO ENHANCE SERVICES FOR OLDER ADULTS EXPERIENCING HOMELESSNESS

1. Review Homeless Assessment Tools [Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)]

The VI-SPDAT tool is currently used by nearly all the Continuums of Care (CoC) across the country. In the Los Angeles CoC alone, over 80,000 people have been assessed using VI-SPDAT tools and over 25,000 of these persons are still actively seeking housing through the LA County Coordinated Entry System (CES). LAHSA and CES partners recognize the critical importance of ensuring the tool is capturing the complexities of all populations within our community, including older adults, those fleeing domestic violence, and people of color. LAHSA intends to partner with researchers to understand any challenges associated with the tools – in design or administration. If challenges are identified, LAHSA will analyze how to operationalize any changes to the current tools and the resulting impact on those already assessed and awaiting matches/prioritization for services. The scope and scale of this analysis will require a multi-year effort that looks holistically at the assessment tool, which must include feedback from consumers, researchers, system partners and stakeholders, and the developer of the tool. The costs still need to be determined and will require an investment that is currently not funded.

With the rapid growth of CES - including new providers, new system partners, and hundreds of new staff - LAHSA recognizes that in practice, the administration of the CES Triage Tools has been inconsistent. In response, the following initiatives are underway to improve fidelity and consistency in how the tools are administered countywide:

- LAHSA is developing an online CES Triage Tool training standardized for all populations.
- LAHSA is incorporating in-person trainings on best practices into key training opportunities at the SPA level. These efforts are expected to be implemented by Spring 2019.
- LAHSA will further support best practices by providing technical assistance to providers in the field and through care coordination meetings.
- The CES Policy Council recently passed a new policy that prioritizes the highest need, most vulnerable persons and households experiencing homelessness for services within Los Angeles County. This Prioritization Policy identifies a high prioritization for “high risk” participants that need a program transfer or who are identified through case conferencing as needing a higher level of service.

2. Specialized Interim Housing for Older Adults

The recent upward trend in the number of older adults experiencing homelessness brings unique needs that interim housing providers have been adjusting and working diligently to meet; however, there are challenges with providing comprehensive services in meeting those needs. LAHSA will commit a total of 100 beds and the Health Agency will commit

50 beds, to fund a minimum of 150 specialized interim housing beds for older adults. Issues that will be addressed through specialized interim housing beds, will include:

- Need for additional capacity to address mobility and access needs;
- Enhanced access to medical, behavioral and substance abuse services tailored to the needs of older adults;
- Type of staff needed to assist with medication, conduct cognitive screenings, and/or provide linkage to support when needed;
- Type of food program that will be able to adjust to the nutritional/dietary needs of older adults;
- Support with advanced care planning; and
- LAHSA and the Health Agency will be engaging the older adult community to ensure that these programs are designed and implemented to meet the needs of older adults.

The initial 150 beds will be paid for largely through Measure H funding. The Health Agency and LAHSA will explore other funding sources for additional beds or leverage additional services for our locally-funded beds. Potential future funding sources and opportunities include Medicare, Medi-Cal and Federally Qualified Health Clinic satellite sites to leverage the ability to meet the residents' physical health needs. There may also be additional funding opportunities through initiatives such as Health Homes and the Mental Health Services Act to fund more beds in the future.

3. Cross-training for both the Aging and the Homeless Services systems

LAHSA offers a Centralized Training Academy, which is a free countywide training and education resource that provides consistent access to training opportunities in several areas relevant to staff working in the homeless services delivery system or engaging with participants who are experiencing homelessness. LAHSA staff has been connecting with WDACS since May 2018 to market these training opportunities. Additionally, a training module on how to navigate the CES is currently in development and will be added to the Centralized Training Academy upon completion. This training will be accessible to all stakeholders and will increase the knowledge of those working within and with the CES.

In July 2018, LAHSA released the Request for Training Provider Qualifications for the Centralized Training Academy. This open solicitation allows LAHSA to continuously identify qualified training instructors for at least 46 topics deemed essential for the professional development of the homeless services workforce, including topics such as serving the aging and the elderly. To date, LAHSA has not received a bid from any subject matter experts on the needs of older adults, but is reaching out to system partners to help identify and refer subject matter experts to the solicitation.

WDACS and LADOA are also looking into providing in-service trainings for interested homeless service providers. Potential topics include: Adult Protective Services (APS) training and program mandates, Area Agencies on Aging (AAA) services and programs,

New Freedom transportation programs and eligibility requirements, and LAFOUND program and services. Trainings will start during the first quarter of 2019.

4. Instrumental Assistance with System Navigation

Instrumental activities of daily living (IADL) are the skills and abilities needed to perform certain day-to-day tasks associated with an independent lifestyle. These activities are not considered to be essential for basic functioning, but are important for day-to-day quality of life and relative independence. Areas of focus for IADL include the ability to manage transportation, laundry, shopping, meal preparation, housekeeping, medication, and use of the telephone. A subset of homeless older adults experience difficulty with IADLs, which makes it especially challenging to navigate homeless services and live independently.

There are several different scales that measure an individual's ability to perform IADLs. These questionnaires are typically used by care providers or family members to measure and track an individual's IADL competence and to help determine if an older adult can safely live independently or, alternatively, to help inform the level of services needed to enable an older adult to live safely.

During the first quarter of 2019, DHS-Housing for Health (HFH) is planning to implement a pilot project, which will create 50 specialized interim housing beds for older adults in HFH in recuperative care centers (RCCs) to assess IADLs for older adults and to provide specialized support to clients determined to need additional assistance with IADLs. RCC staff will work with housing navigators and case managers to inform the identification of permanent housing options that are most appropriate for clients who need support with IADLs and to access additional supports, such as In Home Supportive Services that will allow the client to live independently. Additionally, HFH will provide specialized training and technical assistance to Intensive Case Management Services case managers who work with clients in permanent housing who have difficulty managing IADLs to ensure that they have the knowledge, skills, and access to resources to effectively serve these clients.

5. Older Adult homeless liaisons by SPA

The Workgroup determined that it would be more feasible to hire one gerontologist, rather than hire eight older adult liaisons (one per SPA) at this time. See Opportunity #6 for an update on the gerontologist position.

6. Place a gerontologist at LAHSA

LAHSA intends to hire a gerontologist with specific oversight for how older adults are served within the broader system and within currently funded programs. This position will be similar to positions LAHSA currently has for specific sub-populations, such as veterans, domestic violence victims, and those with disabilities.

LAHSA is planning to implement this position in FY 2019-20, subject to approval of funding through the FY 2019-20 Measure H funding recommendations process.

7. Group Homes and Board and Cares for Homeless Older Adults

In 2016, HFH established the Enriched Residential Care Program (ERCP) to address the substantial gap in permanent housing opportunities for homeless individuals who have multiple complex psychosocial issues, including mental illness. Individuals who need this type of permanent housing intervention often have significant behavioral health challenges and require a higher level of care and supervision than the average Adult Residential Facility (ARF) resident. The focus of the HFH ERCP has been to secure housing for individuals who have not historically been accepted by ARFs (commonly known as Board and Cares) by providing ARF operators with the funding needed to cover actual costs of services associated with supporting the client and increase the capacity of ARFs to house clients with more complex conditions. Since the start of the program, the HFH ERCP has permanently housed almost 1,000 homeless individuals in ARFs.

In addition to placing clients in existing ARFs, HFH ERCP is supporting the creation of new beds and restoring beds that have been closed. HFH is currently working with three sites that previously operated as ARFs that closed in recent years. HFH has collaborated with the owners of these buildings to enhance the physical environment and has identified strong ARF operators to manage these programs. These three sites will result in the opening of over 100 beds. The first of these sites will open in the next few months.

Since the 1990's, the Department of Mental Health (DMH) has placed clients with little or no income that have typically been living in a higher level of care, such as an Institute for Mental Disease, into ARFs and has subsidized the permanent housing through its Interim Funding Program. This program is currently serving 100 clients. In 2018, to reduce the gap between actual costs for serving DMH clients in ARFs and the Supplemental Security Income (SSI) ARF payment standard, DMH began to offer an enhanced rate of \$25 per day for clients enrolled in its Whole Person Care Program. Through this program, DMH is currently providing enhanced rates to ARFs for over 200 clients.

In mid-2018, HFH and DMH began working together to integrate the administration and oversight activities of ARF placements under the umbrella of the HFH ERCP and is working toward unified performance metrics, a contracting mechanism, and a rate structure. In addition, the Health Agency is establishing an ARF stakeholder process, which will inform the integrated ERCP, provide a forum in which the County can maintain an ongoing dialogue with these currently loosely associated operators, and identify state and federal solutions to improve ARF funding and capacity to serve complex clients.

8. Shallow Subsidy Program for Older Adults

Older adults often have fixed incomes and may not be able to withstand rent increases in Los Angeles County's current housing market. As part of a broader Request for Proposals for shallow subsidies, LAHSA will seek providers to offer older adults (62 years

in age and older) at risk of homelessness with a shallow rent subsidy, with the goal of transitioning them into affordable housing and/or senior housing. This program is anticipated to start in Spring 2019 and will be funded under Homeless Initiative Strategy B3.

9. Palliative and Hospice Care for Older Adults in Interim Housing

Palliative care is specialized medical care for people living with serious illness and focuses on managing the symptoms and side effects of life-limiting and chronic illness with the goal of improving the quality of life for the patient. Palliative care often uses a multi-disciplinary team approach that can include doctors, nurses, social workers and others who work together with the patient's other doctors to provide an extra layer of support. Medicare, Medicaid, and insurance policies may cover palliative care.

Hospice care provides supportive care to people in the final phase of a terminal illness and focuses on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible. Hospice care also uses a multi-disciplinary team approach and can include doctors, nurses, social workers and clergy in providing care. Additional services provided include medication to control pain and manage other symptoms; physical, occupational, and speech therapy; medical supplies and equipment; medical social services; dietary and other counseling; continuous care at times of crisis; and bereavement services. Hospice care is a Medicare and Medi-Cal benefit and is covered by many insurance companies.

As noted above in Opportunity #4, HFH has committed to creating 50 specialized interim housing beds for older adults in HFH RCCs, which will provide enhanced linkage to palliative care and hospice care services, as appropriate. Older adults referred to these specialized RCC beds will receive enhanced services, including assessments and referrals to focused physical therapy and occupational therapy services (the former to reduce fall risk and latter to accommodate memory impairments); referral and transportation to adult day services; nutritional assessments and provision of special dietary options; and increased support with medication adherence and chronic disease management.

RCC staff will receive specialized training on coordinating palliative care and hospice care with the client's health care provider and health plan, assisting clients with accessing palliative and hospice care benefits, and supporting clients in the recuperative care setting with their palliative care or hospice care plan.

Clients who are eligible for hospice services and who do not require 24/7 nursing care can receive hospice services within the RCC. HFH is also exploring funding options for clients who need 24/7 nursing support, so that the client can remain in the RCC.

10. Shared Housing Pilot Program for Older Adults

Given the dearth of affordable housing and difficulty securing units for people experiencing homelessness, shared housing has been generating more interest as a low-cost strategy to create affordable units utilizing existing housing stock. The shared housing model could be a particularly good fit for older adults, as there is the potential to simultaneously assist older adult homeowners who may be struggling to maintain their home by offering a stream of rental income.

A Shared Housing Pilot Program for Older Adults would model other shared housing programs deployed by various organizations such as Affordable Living for the Aging (ALA) and Safe Place for Youth (SPY). The Pilot Program would offer a model through which an older adult homeowner rents a vacant room in his/her home to an older adult experiencing homelessness. Both parties would be recruited, interviewed, and thoroughly vetted to make an appropriate match. Rental agreements could include any of the following combinations:

- Rent Exchange: Tenant pays rent to the homeowner.
- Service Exchange: Tenant provides services for the homeowner in exchange for housing.
- Rent and Service Exchange: A combination of both rent and services.

In addition to the economic benefits of shared housing, both tenants and homeowners could benefit from the intangible yet significant social dimension of this housing model. Many older adults, especially those who live alone, can suffer from depression, loneliness, and isolation. Sharing a home with someone can help alleviate the sense of being alone and socially disconnected. Ideally, the new housemates would be able to make a social connection and develop a relationship beyond tenant and housemate. The matching process will be thoughtfully designed to aspire to that outcome.

The Homeless Initiative will collaborate with WDACS and the LADOA to develop a Shared Housing Pilot Program for Older Adults. Since the Pilot Program will utilize existing rental subsidies and a network of housing locators, it will require only a minimal amount of funding to implement. Next steps include:

- Further research and data collection on existing shared housing models;
- Identification of staff from the Homeless Initiative, WDACS, and LADOA to develop guidelines for the Pilot Program; and
- Identification of a community-based service provider to partner in the implementation of the Pilot Program.