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November 14, 2008

To: Supervisor Yvonne B. Burke, Chair
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Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

HOMELESS OLDER ADULTS STRATEGIC PLAN RECOMMENDATIONS TO SOLVE HOMELESSNESS FOR OLDER ADULTS

This is in response to the June 10, 2008 motion by Supervisor Burke, on the feasibility of implementing recommendations designed to respond to the crisis of homelessness for 3,000 to 4,000 older adults, 62 years of age and older in Los Angeles County. The motion addressed the six recommendations included in Shelter Partnership, Inc.'s *Homeless Older Adults Strategic Plan (Plan)* and instructed the Chief Executive Office (CEO), in conjunction with the Departments of Community Development Commission (CDC), Community and Senior Services (DCSS), Mental Health (DMH), Public Social Services (DPSS), and Public Health (DPH) to report back with findings on each recommendation structured within the framework of your Board's specific criteria. The criteria are: (1) the feasibility of implementation; (2) the identification of possible funding sources; (3) the required technical changes to departmental programs and procurement policies needed to facilitate implementation of recommendations; and (4) the delineation of any opportunities for collaboration and cooperation among County departments supportive of implementation of the *Plan* recommendations.

In collaboration with the County Health and Human Service Departments, we evaluated the *Plan* recommendations and the proactive steps that are being taken by these Departments to address the needs of the homeless older adult population.

RECOMMENDATION 1: Establish a housing development corporation to focus on the development of permanent, supportive housing for fragile homeless older adults, such as has been successfully accomplished by the Hearth Program in Boston, the West Side Federation for Senior and Supportive Housing in New York City, and Senior Community Centers in San Diego.

In consultation with the CDC and DMH, we have concluded that it would not be feasible to create a housing development corporation to focus on homeless older adults. There is existing capacity among current special needs and senior housing developers to focus on the development of permanent, supportive housing for homeless older adults.

To illustrate, the CDC partners with several successful private and non-profit developers who have expressed interest and would be willing to target set asides or entire projects for this population, given sufficient economic incentives. The CDC continues to work with these developers to encourage such set asides. DMH administers the Mental Health Services Act (MHSA) Housing Program which creates permanent, supportive housing for those individuals who are homeless or at risk of homelessness and have a mental illness. This Program includes homeless older adults diagnosed with mental illness as a target population.

On October 27, DMH convened a half day workshop on developing supportive housing for older adults with mental illness. The goal of the workshop was to connect housing developers with non-profit mental health providers to develop partnerships that might result in the creation of needed supportive housing for older adults. Nearly 100 affordable housing developers and mental health providers attended to learn about the supportive housing needs of homeless older adults; a third of whom are estimated to have mental illness. Participants also had an opportunity to learn about State, County, and Los Angeles City Housing Initiatives, financial and leveraging opportunities, and innovative and successful models for older adult housing throughout the nation, California, and Los Angeles.

RECOMMENDATION 2: Address the need for inclusion of housing for older homeless adults in programs for special needs and senior populations (four sub-components of the recommendation are cited below as 2A – 2D).

2A. Develop a standardized definition for homeless older adults that can be used operationally within State, County, and municipally funded housing finance programs. Similarly, develop a consensus among stakeholders of basic supportive services and design standards that should be included as minimum requirements for affordable housing developments for homeless older adults.

The development of a standardized definition of older adults, along with supportive services and design standards are supported. This issue is being addressed by the newly established Seamless Senior Services (SSS) Initiative under the leadership of DCSS. The SSS Initiative has been created to develop a coordinated approach to provide appropriate services to older adults across County Health and Human Service Departments.

At the County level, a definition for homeless older adults already exists to include those homeless individuals with mental illness who are age 60 and older through the MHSA Housing Trust fund. Also, the CDC has solicited protocols for the inclusion of program and design standards for homeless older adults through the Revolving Loan Fund of the Homeless Prevention Initiative (HPI), the City of Industry, and HOME programs.

2B. Advocate that policymakers within the City and County of Los Angeles establish a funding principle that all affordable senior housing developments receive a capital funding commitment through their respective jurisdictions and set aside ten percent of available units to homeless older adults.

It is not feasible to create a ten percent set aside for homeless adults relative to housing. In consultation with the CDC and DMH, it became clear that as funding sources for services fluctuate, minimum thresholds on any special needs populations would further jeopardize flexibility in identifying funding opportunities. Additionally, the Housing Policy and Development Unit within DMH make a concerted effort to target older adults in the administration of the MHSA Housing Program. With the guidance of the CDC, we recommend creating incentives for developers, such as bonus points for additional subsidies rather than instituting set asides to increase the amount of housing targeted to this population.

2C. Expand the range of target populations that are eligible for supportive housing units through the Permanent Supportive Housing Program that sets aside ten percent of available funding per round for developments targeting homeless older adults.

The County does not have a defined Permanent Supportive Housing Program. However, homeless older adults are included as an eligible population through the City of Industry, MHSA Housing Program, and HPI funding resources.

Additionally, our Office is currently creating a five-year Homeless Services Integration Plan to address gaps in the County's homeless services continuum to include homeless older adults.

2D. Expand the target populations eligible for the City of Industry funding to include homeless older adults.

Through funding administered by the CDC, the City of Industry helps fund affordable rental housing for special needs populations. Moreover, the CDC has contracted with Shelter Partnership to develop a definition and a proposal for a special needs category that would include homeless older adults for this funding. The CDC anticipates including this proposal in the next funding round for City of Industry and Federal HOME capital development funds.

RECOMMENDATION 3: Actively develop linkages between homeless service providers with administrators of affordable senior housing, such as the HUD Section 202s and Section 8 senior buildings to overcome application, screening, and wait list barriers including background checks, lack of addresses and birth certificates, and move-in costs. Also, encourage the service providers to provide ongoing support to assure long-term tenancies.

The County has implemented a variety of efforts to reduce barriers to housing for homeless older adults. To illustrate, DMH has created Housing Specialist positions, with funding from MHSA, to work across all of the eight Service Planning Areas (SPAs) within the region to assist clients in locating affordable housing of their choice. These Housing Specialists are trained in Fair Housing, Tenant Rights and Reasonable Accommodation Law. They help clients to complete applications, overcome barriers in obtaining housing, and provide ongoing tenant support to ensure housing stability.

Additionally, veterans represent a disproportionately large segment of the homeless older adult population. County Departments such as the CEO, CDC, DMH, and Military and Veteran Affairs are collaborating with the Housing Authority of the City of Los Angeles (HACLA) to equitably distribute the new allocation of 840 Section 8 vouchers from the Veterans Administration Supportive Housing Program (VASH). These portable housing vouchers are available for housing homeless older adult veterans.

As mentioned, the SSS Initiative will integrate efforts to decrease barriers to housing. Final recommendations from the SSS Initiative are due to your Board in March 2009 to identify all current County services to assist older adults, as well as strategies to address service gaps.

RECOMMENDATION 4: Target 250 tenant-based Section 8 subsidies annually through various housing authorities such as HACLA, Housing Authority of the County of Los Angeles (HACoLA), and other local city housing authorities for the next four years for homeless older adults. Identify and fund service providers to assist with housing search and leasing functions.

While this recommendation is supported, homeless older adults may already qualify for Shelter Plus Care and/or the current 386 HACoLA homeless set aside vouchers through the CDC. Therefore, DMH could distribute the vouchers if there were a set aside for homeless older adults with mental illness. Relative to housing search and leasing functions for these proposed vouchers, neither the County nor the CDC can identify and fund service providers to assist until the number of Section 8 vouchers is determined.

Further, as additional vouchers might require administrative costs through HACoLA, the funding would need to come from alternate sources as neither the County provides such funding. Also, a new agreement or program description would need to be created between HACLA, HACoLA, and other housing authorities relative to creating a set aside for homeless older adults and to determine the exact number of vouchers available from each housing authority.

In collaboration with the CDC, DCSS, HACoLA, and other housing authorities, we will further examine the potential for implementation.

RECOMMENDATION 5: Expand and utilize the State Assisted Living Waiver Pilot Project (ALWPP) to serve homeless older adults in public housing for seniors.

Along with the CDC and DMH, we strongly support the ALWPP provisions that allow the waiver to be used in public housing and publicly subsidized housing. With the waiver, homeless older adults who are determined to be eligible for Medi-Cal and need assisted living services could get off the streets and into public or non-profit housing. The CDC and HACoLA have been working to implement the waiver in a HACoLA public housing site since 2004, but the procedural and regulatory barriers encountered have made it difficult to coordinate Medi-Cal regulations with HUD public housing regulations. Out of 1,000 waiver slots available in the three California pilot project counties (San Joaquin, Sacramento and Los Angeles), only nine waivers were successfully used in a public housing setting.

According to the CDC, the State Department of Health Care Services is preparing a report to the State legislature on proposed changes and improvements for the renewal of ALWPP. The following technical changes are supported to implement this recommendation:

- Create a special set aside of waiver slots for publicly subsidized housing;
- Reserve waiver slots for specific projects in their pre-development phase;
- Relax requirements on Home Health Care agencies;
- Reduce or waive licensing fee requirements in Public Housing settings; and
- Study Risk Management issues.

RECOMMENDATION 6: Initiate a pilot program targeting homeless older adults aged 62 or older in year-round shelters using HPI funds to establish mobile resource teams of gerontologists and other specialists to help seek out and assist homeless older adults. Create interdisciplinary teams that can build trust, including: a geriatrician, psychiatric specialist, medical staff, dental staff, income specialist, and housing specialist.

Even though additional HPI funding is not available to implement a mobile resource team, the CEO, along with the CDC, DMH, and other County Health and Human Service Departments are implementing this recommendation through the SSS Initiative. The SSS Initiative is currently designing a plan to create a mobile interdisciplinary team pilot project. Funding for such a pilot has not been designated as yet.

Conclusion

Based on the findings outlined in this report, the collaborative review by County Health and Human Service Departments of the six recommendations included in Shelter Partnership, Inc.'s *Plan*, has identified current and proposed efforts to address the homeless and housing service needs of the 3,000 to 4,000 homeless older adults throughout Los Angeles County.

If you have any questions or need additional information, please let me know, or your staff may contact Garrison Smith at (213) 974-4673, or via e-mail at gsmith@ceo.lacounty.gov.

WTF:MS:KH
GLS:BBT:hn

c: Executive Officer, Board of Supervisors
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