

**National Coalition on Mental Health and Aging  
and  
National Council on Aging**

**Present**

**Pathways to Homelessness among Older Adults  
with Mental Illness**

**December 16, 2020**





## Mission:

To provide opportunities for professional, consumer and government organizations to work together towards **improving the availability and quality of mental health preventive and treatment strategies** to older Americans and their families through education, research and increased public awareness.

**Visit: [www.ncmha.org](http://www.ncmha.org)**





## History, Membership and Activities:

- Formed in 1991 by a group of organizations from the aging and mental health fields
- Comprised of 100 national and state associations, state coalitions, and governmental agencies, e.g., SAMHSA and ACL.
- Co-sponsor events to highlight challenges of mental health and aging
- Identify new approaches to addressing problems.



# NCOA: Who We Are

*We believe every person deserves to age well*

## OUR VISION

A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

## OUR MISSION

Improve the lives of millions of older adults, especially those who are struggling

### OUR STRATEGY



**Talk About  
and Measure  
Aging Well**



**Innovate and  
Curate Proven  
Solutions**



**Scale Through  
Policy, Partners, and  
Social Enterprise**



# NCOA's Center for Healthy Aging

- **Goal:** Increase the quality and years of healthy life for older adults and adults with disabilities
- **Two national resource centers funded by the Administration for Community Living**
  - Chronic Disease Self-Management Education (CDSME)
  - Falls Prevention
- **Other key areas:** Behavioral health, physical activity, immunizations, oral health



# Webinar Series on “Addressing Disparities in Behavioral Health Care for Older Adults”

- Following the May 20<sup>th</sup> **National Older Adult Mental Health Awareness Day (OAMHD)** events, NCMHA developed a plan to collaborate with interested government agencies, private sector groups, and experts to maintain the momentum and recommendations generated from OAMHD.
- A series of webinars during 2020/2021 that **target specific topics with a practical focus and accompanying tools/resources** to address the needs of older adults with mental health conditions, as well as state/local efforts/best practices.
- A special feature of the webinars will be that the sessions will coincide with **monthly, weekly and daily national mental health or aging observances**.



# Key Objectives of the Webinar Series

- **Identify specific approaches that address disparities in behavioral health care for older adults**
- **Ensure that older adults with mental health and addiction-related conditions are integrated within all MH awareness raising, policy, programmatic and research efforts going forward.**
- **Raise awareness among primary care, mental health, other health service providers and the aging network** about the impact of suicide, opioid use, and interrelated problems, and impact provider practice patterns for older adults.
- **Identify specific tools such as geriatric assessment, questions –** suicide ideation, firearm presence, opioid use and other screening tools – and detailed guidance.



# Webinar Series Roll Out – 2020-2021

- **January 13, 2021 – *Implementing Local Coalitions***
- **February 17 – *New Approaches to Addressing Substance Use and Misuse in Older Adults***
- **March 17 – *Approaches and Treatments for Sleep Disorders in Dementia***
- **April 21 – *Wrap-Up Webinar on Potential Funding Sources for Services and Programs for Older Adults with Mental Health Conditions Recommended in the Webinar Series***







## **Pathways to Homelessness Among Older Adults with Mental Illness**

**Lisa Worth**  
**ESG Homeless Program Coordinator**

## North Carolina ESG Overview

ESG funds are intended to be used as part of a crisis response system using a low barrier, housing-focused approach to ensure that homelessness is rare, brief, and one time. Activities can include:

- Engaging homeless individuals and families living on the street;
- Improving the number and quality of emergency shelters for homeless individuals and families;
- Helping operate emergency shelters;
- Providing essential services to emergency shelter residents,
- Rapidly rehouse homeless individuals and families, and
- Preventing families and individuals from becoming homeless.

# North Carolina ESG Overview

## Crisis Response

- **Street Outreach:** Meet the immediate needs of unsheltered homeless people by connecting them with emergency shelter, housing, and/or critical health services.
- **Emergency Shelter:** Intended to increase the quantity and quality of temporary emergency shelters provided to homeless people by supporting the shelters operating expenses and essential services.

## Housing Stability

- **Rapid Re-housing:** Move homeless people individuals and families quickly into permanent housing through rental assistance and housing relocation and stabilization services.
- **Homelessness Prevention:** Prevent households from becoming homeless through rental assistance, and housing relocation and stabilization services.

## HMIS / Domestic Violence / Victim Service Provider Comparable Database

- Support ESG Subrecipients participation in the NC HMIS / or DV comparable database collection system. Federal law requires that Domestic Violence / Victim Service Provider agencies use Systems Comparable to HMIS rather than the HMIS used by other homeless agencies

## ESG-CV: CARES Act Funding

- In order to address the COVID-19 pandemic, HUD is providing a supplemental allocation of ESG funds as authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116-136. These special ESG-CV funds are to be used to **prevent, prepare for, and respond** to the coronavirus pandemic (COVID-19) among individuals and families who are homeless or receiving homeless assistance.
- The North Carolina Department of Health and Human Services (DHHS) will administer North Carolina's non-entitlement ESG funds. NCDHHS already provided the first allocation of ESG-CV funding of \$16.58 million according to the HUD FY2020 formula allocation.
- NCDHHS is now seeking proposals for the State's second allocation of ESG-CV funding of up to \$32.35 million in Emergency Solutions Grant CARES Act (ESG-CV) funding for homeless services providers in North Carolina to assist with responding to the COVID-19 public health crisis. All funding will be awarded subject to the availability and appropriation of funds.

## Older and Elder Homelessness

Studies across the U.S. have shown a clear upward trend in the proportion of 'older' persons' (aged 50-64) among the homeless population. This is a group which frequently falls between the cracks of governmental safety nets. They are not old enough to qualify for Medicare, however, when their physical health is assaulted by poor nutrition and severe living conditions, they may eventually resemble someone much older.

The growth of elder homelessness is due to the aging of the existing chronically homeless and those who experience homelessness for the first time later in life.

## Older and Elder Homelessness

- People 50 and older make up more than 30% of the nation's homeless population.
- There is a relatively low percentage of 'elder' (aged 65 and over) homeless persons' among the current homeless population. This smaller proportion may be due to the increased availability of successful safety net programs, which only kick-in at a certain age including:
  - Subsidized housing – Available at age 62
  - Medicare – Available at age 65
  - Social Security benefits – Available at age 65

## Why is Elder Homelessness an Issue

- Unhoused older adults face some serious challenges to their well-being relative to younger adults. Homeless persons between ages 50 and 62 often have [similar healthcare needs to housed persons 10-20 years older](#).
- [Studies show](#) that older homeless adults have higher rates of geriatric syndromes, including problems performing daily activities, walking, vision and hearing, as well as falls and frailty when compared to the general population.
- Older homeless people are also more likely to suffer from cognitive impairments compared to younger homeless adults – Older homeless are likely to suffer from impairments resulting from depression or dementia, which can contribute to the worsening of their physical health.
- Isolation also contributes to homelessness among older persons. In a 2004 survey, half of the recipients of Supplemental Security Income (SSI) that were 50 years and older had been living alone before losing their homes.

## Why is Elder Homelessness an Issue

Many older homeless persons are entitled to Social Security benefits. However, these benefits often fail to cover the cost of housing.

Research based on that figure shows that generally a person receiving SSI support cannot afford housing. A person receiving SSI support would have to pay over 100% of that income to rent a one-bedroom apartment or a studio/efficiency apartment.

The SSI payment is intended not only to pay for housing, but to supplement the costs of other basic needs. If SSI represented an individual's entire income and the average costs of other essentials were subtracted, then an affordable rental price for housing would have to be less than \$200.



## Why is Elder Homelessness an Issue

Increased homelessness among elderly persons is largely the result of poverty and the declining availability of affordable housing.

There are at least nine seniors waiting for every one occupied unit of affordable elderly housing nation-wide. Furthermore, the waiting list for affordable senior housing is often three to five years.

## What can we do

- Design programs that are targeted to the older and elder population that include medical and accessibility needs
- Expand Safety Net Programs such as Social Security and Medicaid/Medicare to account for the increasing cost of living and reduce out of pocket medical expenses
- Increase Street Outreach to engage those living in conditions not meant for human habitation
- Increase overall affordable housing stock and units targeted to older adults
- Improved access to low-cost legal services to help prevent eviction or loss of housing

## What can we do: Low Barrier Access

- Give access to the most people possible
- Less judgement, more support
- Be welcoming
- Don't cherry pick; we don't get to decide which life matters more

## What can we do: Housing First!

- Housing is a right.
  - No one should have to earn housing.
  - No one should have to prove they are worthy of housing.
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## What can we do: Harm Reduction

- Alcohol or drug use does not make you lose your right to housing
  - Meet people where they are at
  - There are plenty of people we all know that are using alcohol or drugs regularly and own their own house
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## What can we do: Trauma Informed Care

- Individuals are more than just their housing needs
  - Assume all individuals have experienced trauma
  - We don't want to retraumatize during the provision of services
  - Safety, choice, collaboration, trustworthiness, empowerment
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# QUESTIONS



# Contact Information

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