



# Housing and Aging

May 14, 2019



# Housing Instability Webinar Series

<b>Part 1: The Intersection between Health and Housing</b>	Wednesday, November 14, 2018	Click <a href="#">here</a> to view webinar
<b>Part 2: Navigating the Shelter System</b>	Wednesday, December 12, 2018	Click <a href="#">here</a> to view webinar
<b>Part 3: Permanent and Supportive Housing</b>	Wednesday, January 16, 2019	Click <a href="#">here</a> to view webinar
<b>Part 4: Affordable Housing</b>	Wednesday, January 30, 2019	Click <a href="#">here</a> to view webinar
<b>Part 5: Eviction Prevention</b>	Wednesday, February 20, 2019	Click <a href="#">here</a> to view webinar



Developed in partnership  
with 1199SEIU Training  
and Employment Funds





Workshop Agenda	Facilitator(s)	Time
Check-In & Introductions	Patricia and Bonnie	1:30pm - 1:40pm
Overview of Housing Services	Bonnie	1:40pm - 2:00pm
The Bridge (landscape of aging and mental illness, working with older adults, understanding housing)	Rebecca	2:00pm - 2:30pm
Break	All	2:30pm - 2:40pm
The Bridge (aging in place model, case studies, engaging patients)	Rebecca	2:40pm – 3:00pm
Q&A / Open Discussion	All	3:00pm - 3:20pm
Evaluations	All	3:20pm - 3:30pm



# Learning Objectives

Attendees will be able to:

- Describe the housing challenges for the aging population
- Assess for housing instability in the aging population
- Engage the aging population around their housing needs
- Utilize resources and tools to assist the aging population with their housing needs





# Senior Housing Crisis in New York City

- Between 2005 and 2015, the City's population of adults over 65 increased by 19%, from approximately 947,000 to 1.13 million<sup>1</sup>
- Over 40% of senior-headed households depend on government programs (including Social Security) for more than half of their income; more than 30% depend on these programs for three-quarters of their income<sup>1</sup>
- The percentage of **seniors living in poverty** in the City is almost **20 percent**, more than double the national average<sup>2</sup>
  - 57% percent of grandmothers who raise grandchildren have incomes below the FPL<sup>2</sup>
- 53% of households headed by those aged 60–69 and 66% of households with heads over the age of 70 **pay more than 30 percent of their income on rent**<sup>2</sup>
- The median income for immigrant seniors in New York City is \$9,900 a year, as compared to \$18,300 a year for native-born seniors<sup>3</sup>

<sup>1</sup> "Aging with Dignity: A Blueprint for Serving NYC's Growing Senior Population", 2017, New York City Comptroller's Office

<sup>2</sup> "Senior Housing in New York City: The Coming Crisis", 2013, New York City Comptroller's Office

<sup>3</sup> "The New Face of New York's Seniors," a 2013 report from the think-tank Center for an Urban Future.



# Senior Housing

## Adult Care Facilities (ACFs)

### Adult Homes:

- Provide 24 hours of supervision, three congregate meals a day, and a private or semi-private bedroom.
- May also serve mentally ill adults. Must be relatively ADL independent

### Enriched Housing:

- Serve elderly, usually 65 years of age or older, in a community-integrated setting. Offer greater independence than adult homes with efficiency apartments
- Part-time to 24 hour supervision and meals
- Does not serve persons with mental disabilities or behavior that may adversely affect other residents or staff.

### Assisted Living Programs (ALPs):

- Provide home health care (e.g. physical, speech, and occupational therapy) and nursing care to residents who are nursing home-eligible.
- Clients are medically stable, do not require continuous medical attention, and are not chronically chairbound or bedbound. ALPs are less restrictive and less expensive than nursing homes

### Assisted Living Residences (ALRs):

- Provide 24-hour supervision and a single or half- shared bedroom, or an apartment.
- Admission/retention criteria for Basic ALRs are the same as for adult homes or enriched housing
- Enhanced Assisted Living Residences (EALRs), or Special Needs Assisted Living Residences (SNALRs)



# Supportive Housing

## Sect. 202

- Supportive Housing for the Elderly program (Section 202) provides rent subsidies to make units affordable through project-based Section 8
- Some supportive services may be provided, depending on the building; may include a daily congregate meal, housekeeping, transportation, social services, and other activities that help residents maintain independent living.
- Most buildings have a number of accessible units for the disabled.
- Available for very low-income household comprised of at least one person who is at least 62 years old
- Residents pay 30% of their income on rent

## Empire State Supportive Housing Initiative (ESSHI)

- Permanent supportive housing funding by New York State
- Commitment from Governor of 20,000 units over 15 years
- New populations, does not require same homelessness chronicity as traditional supportive housing, and does not go through CAPS
- Frail Elderly/Senior: Any person who is age 55 and older, who is enrolled in Medicaid, and requires assistance with one or more ADLs or instrumental ADL.



# Affordable Housing

## Public Housing

- Affordable housing for low- and moderate-income residents
- 18+, income restricted/ criminal background restrictions
- 56 developments are either full or partial senior developments
- Cannot apply directly to a development but can indicate on the application a preference for a senior development
- NYC – NYCHA
- 10+ year waitlists
- <https://www1.nyc.gov/assets/nycha/downloads/pdf/factsheet.pdf>

## Mitchell- Lama

- Affordable rental and cooperative housing to moderate and middle-income families
- Small portion set aside for the elderly.
- Limited services such as transportation, social services, and leisure activities are available at some sites.
- Income requirements set by each development
- HCR for lists, apply directly to development
- <http://www1.nyc.gov/site/hpd/renters/mitchell-lama-rentals.page>



# Affordable Housing

## Home Sharing/Shared Living Residences

- Home Sharing matches elderly with other elderly, younger adults, or the developmentally disabled into homes owned or rented by an individual or non-profit
- Limited follow-up support, including home visits, mediation, and assistance in obtaining social services.
- Shared Living Residence developed specifically for unrelated individuals to live together
- Private bedrooms with common living areas; shared household chores and expenses

## Senior Citizen Rent Increase Exemption Program (SCRIE)

- Exempts low-income renters who are 62 or older from some or all rent increases.
- Elderly persons living in Mitchell-Lama housing, Article XI cooperatives, federally assisted cooperatives, or rent regulated apartments may be eligible
- Household income < \$50,000
- NYC – NYC Dept. of Aging
- <https://www1.nyc.gov/nyc-resources/service/2424/senior-citizen-rent-increase-exemption-scrie>

# Housing Options for Seniors by Borough

- [Alternatives in Senior Housing: Bronx](#)
- [Alternatives in Senior Housing: Brooklyn](#)
- [Alternatives in Senior Housing: Manhattan](#)
- [Alternatives in Senior Housing: Queens](#)
- [Alternatives in Senior Housing: Staten Island](#)

# Eviction Prevention: Homebase

- Not a housing program, but a resource center. Meant for families on the brink of homelessness.
- Homebase will help develop a personalized action plan to overcome an immediate housing crisis and achieve stability.
- Eligibility includes:
  - Imminent risk of entering the NYC shelter system
  - Low-income
  - Wanting to remain stably housed in the community

**Call 311 to make a referral**

Homebase Provider	Borough	Address	Telephone
<b>CAMBA</b>	BK	1958 Fulton Street, 2nd Floor	718-408-5756 x37100
		1117 Eastern Parkway, 3rd Floor, side entrance	718-622-7323
		2244 Church Avenue, 4th Floor	718-408-5766
<b>Catholic Charities Neighborhood Services</b>	BK	3060 Fulton Street	929-234-3036
		560 Livonia Avenue	718-408-7181
<b>RiseBoro</b>	BK	145 East 98 Street, 2nd Floor	917-819-3200
		Broadway - TBA	917-819-3200
		90 Beaver Street	718-366-4300
		1475 Myrtle Avenue	347-295-3738
<b>BronxWorks</b>	BX	630 Jackson Avenue, 2nd Floor	718-993-2032
		1130 Grand Concourse, 3rd Floor	718-508-3100
<b>Catholic Charities Community Services</b>	BX	2155 Blackrock Avenue	718-414-1050
		890 Garrison Avenue	929-259-9430
		2901 White Plains Road, 2nd Floor	347-913-4694
		4377 Bronx Boulevard, 3rd Floor	347-947-3920
<b>HELP USA</b>	BX	1780 Grand Concourse	347-226-4540
		1860 East Tremont Avenue	718-299-8473
		1981 Sedgwick Avenue	718-215-6453
		815 Burke Avenue	646-905-5289
<b>SUS- Urgent Housing Programs, Inc</b>	MN	516 West 181st St, 4th Floor	917-492-1019
		2322 3rd Avenue, 3rd Floor	917-492-1019
<b>Catholic Charities Neighborhood Services</b>	QNS	161-10 Jamaica Avenue, 5th floor	718-674-1000
		1847 Mott Avenue	718-647-1015
<b>CAMBA</b>	SI	120 Stuyvesant Place, 4th floor, Suite 413	718-282-6473
		209 Bay Street	718-226-0496



The Bridge

MENTAL HEALTH AND  
HOUSING SOLUTIONS

# Aging in Place with SMI

Rebecca Heller, LCSW

Director of Aging Services at The Bridge

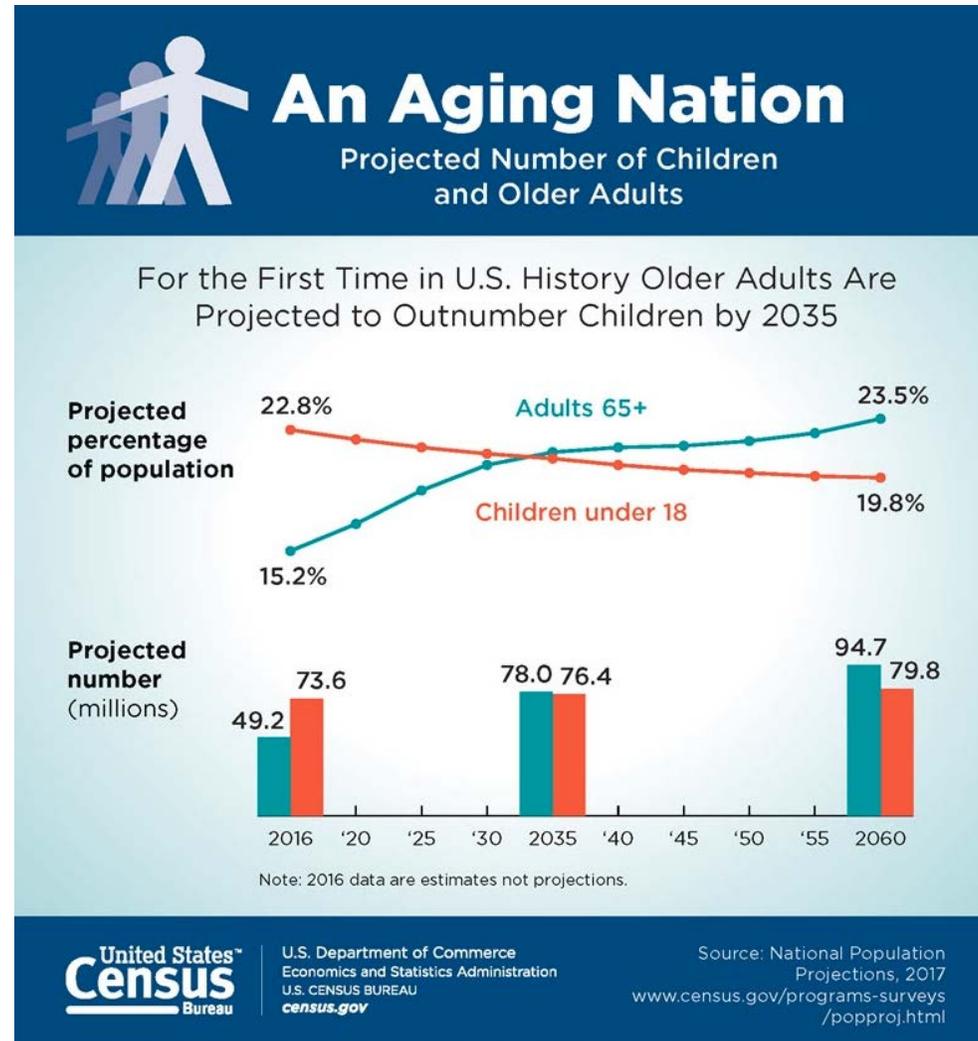
What do you think and feel when you see this person?



# Agenda

- Landscape of aging and mental illness
- Working with older adults with mental health histories
- Understanding housing
- The Bridge's Aging in Place model
- Case studies
- How hospitals can support older adults with SMI to age in place in the community

# The landscape of aging in America





# Aging and mental illness

- **2% of older adults, or 1 million individuals, have SMI. This will double by 2030!**
- SMI typically includes schizophrenia-related disorders, bipolar disorder, major recurrent depressive disorder, and personality disorders
- **Older men have the highest suicide rate of any group**
- Depression is the most prevalent mental health problem among older adults and is not a normal part of aging
- **People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder**
- In 2016, more than 7,000 opioid deaths were people age 55 and older
- **Older adults with SMI experience accelerated brain aging**

# Hearing from a client

- <http://www.wfuv.org/content/aging-bipolar-disorder>

## **AGING WITH BIPOLAR DISORDER**



Rhoda Wilson, who was diagnosed with bipolar disorder at 28, works hard on her appearance to counteract the stereotypical image of a person with mental illness.



# Challenges of working with older adults with SMI

- ❖ Fewer relationships
- ❖ Limited work history and subsequent financial strain
- ❖ Higher rate of transience and subsequent instability in services
- ❖ Lower rates of health-promoting behaviors
- ❖ Higher rates of diabetes, cardiovascular disease, respiratory disease, and some types of cancer
- ❖ Higher mortality rates



# Strengths of older adults with SMI

- Aging does not result in accelerated decline in psychological functioning
- Individuals often experience a decrease in positive symptoms (hallucinations, delusions)
  - Increased stability, awareness, and resiliency regarding coping skills and medications
    - More in common with their age cohort
    - Mental health not related to intelligence



# Things to think about

- Family dynamics
- Interplay of physical and mental health
- Medical discrimination of clients with SMI
- Deconditioning (mental and physical) during hospitalization
- Importance of choice, autonomy, and self-sufficiency
- Meeting clients where they are



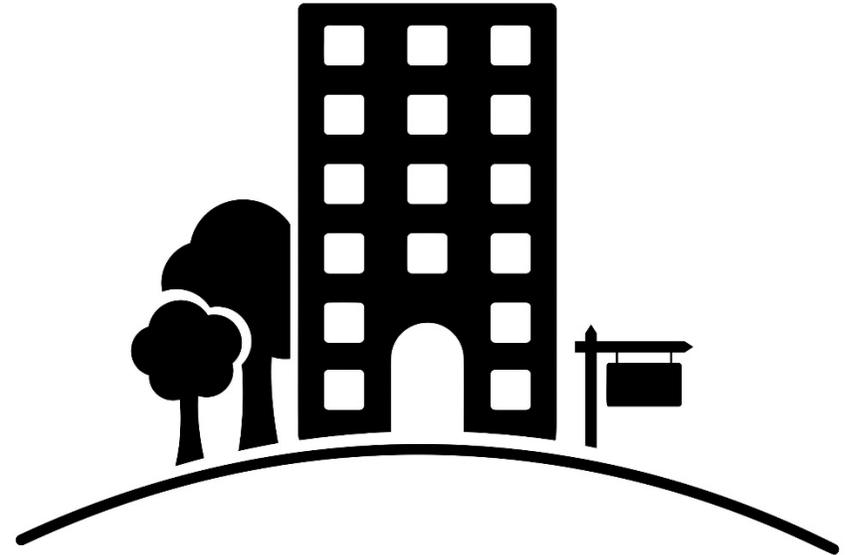
# Understand “higher level of care”

- Understand what is a “higher level of care”
- Aim for the least restrictive setting
  - What resources are available in the community that have not yet been explored?
  - What is the goal of the move?
  - What does the client want?



# Housing

- ❖ Senior housing
  - ❖ Supportive housing (The Bridge)
  - ❖ Assisted living programs
  - ❖ Home sharing
  - ❖ Nursing homes
  - ❖ Senior Citizens Rent Increase Exception
- 
- Not discussed: Section 8 (voucher) and NYCHA





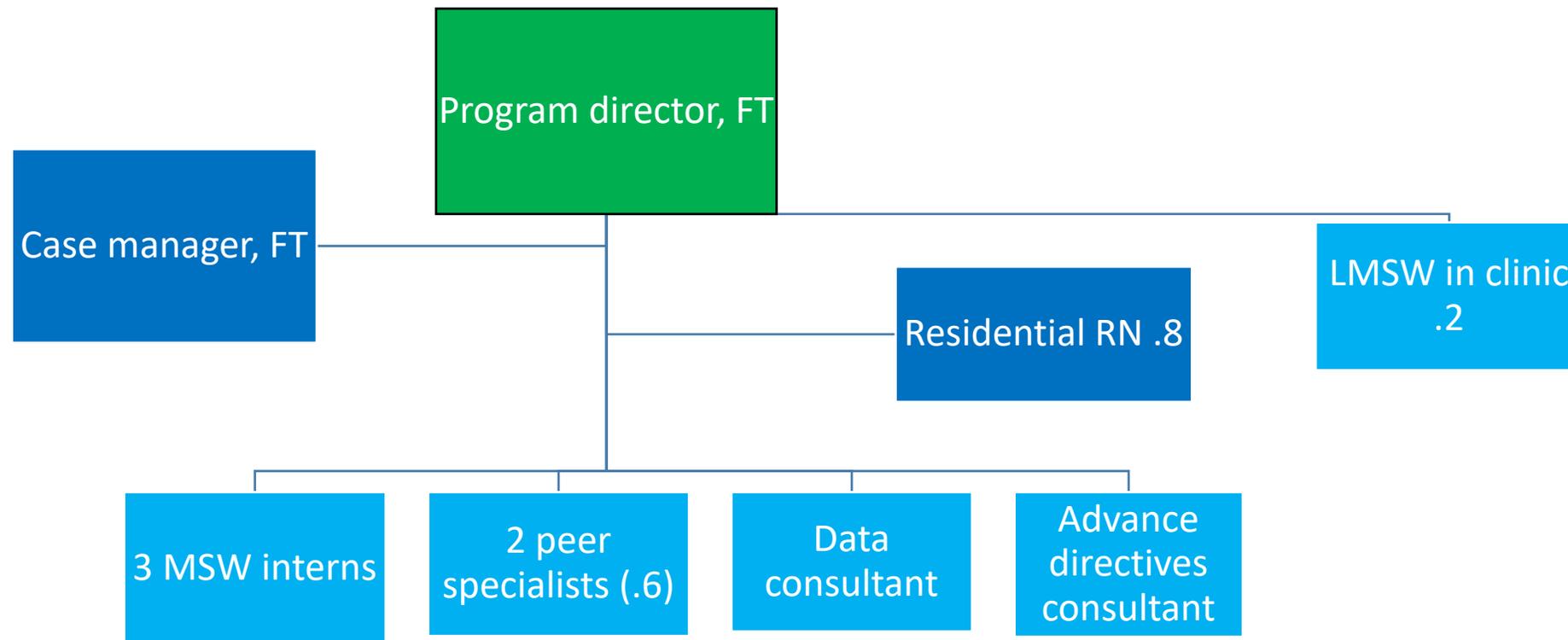
# Barriers to services

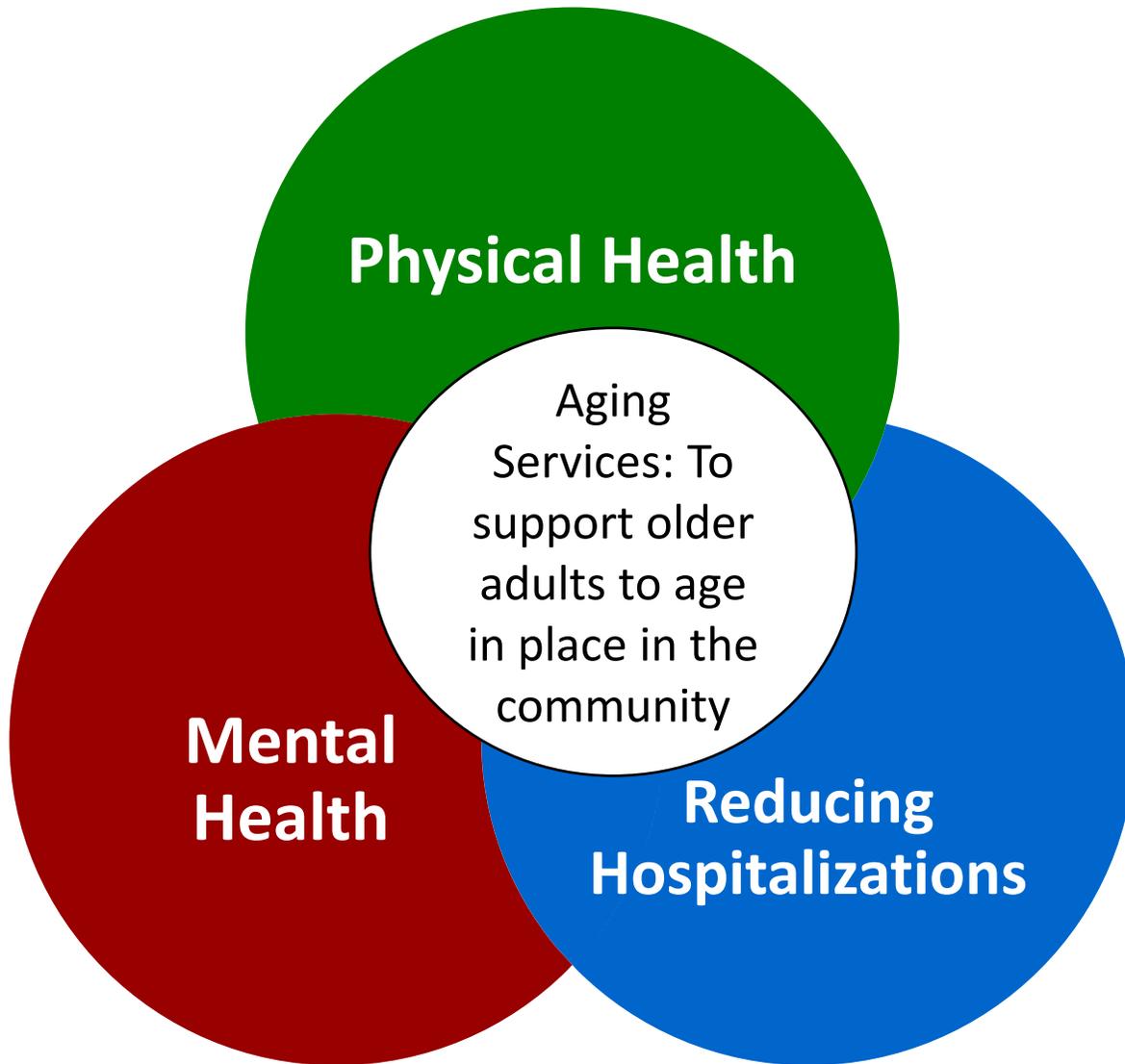
- Lack of age appropriate services (often begin serving older adults at age 65)
- Lack of integrated care
- Stigma and discrimination by medical professionals
- Older adults with SMI at higher risk for untreated or undiagnosed terminal conditions, leading to poor prognosis
- Complexities of treating co-occurring conditions
- Lack of geriatric mental health providers

# The Bridge's Aging Services program

- A need for coordinated and integrated care in community settings.
- Older adults with SMI want to age in the community, but are at risk for placement at an earlier age and in institutionalized settings that undermine their independence and dignity.
- The Bridge's Aging Services program assists older adults diagnosed with behavioral health disorders, living in supportive housing, to age in place in the community.

# Multidisciplinary Aging Services Team





To support older adults with SMI to age in place in the community through a person-centered approach

# Case study: Ms. Z

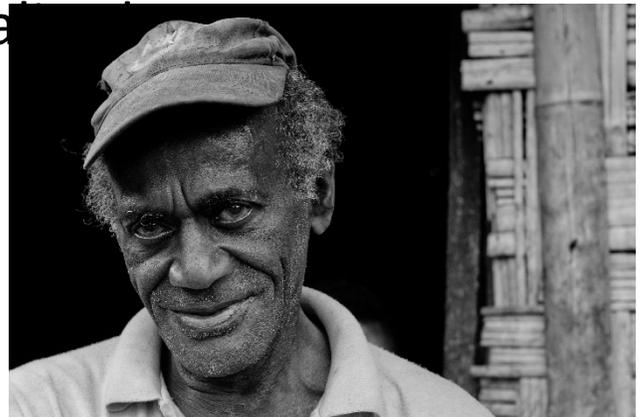
- Ms. Z is 64 years old and lives in a fifth floor walk up in supportive housing. She is diagnosed with schizophrenia and adheres to her medication and appointments. Recently, the stairs have become harder for her to manage. When walking up the stairs after grocery shopping, she falls and is hospitalized. The team is discussing discharge options.
- What do you recommend?
- What questions do you have?
- Does this client remind you of a client you've had? A family member?



# Case study: Mr. R

- Mr. R is a 56 year old client living in supportive housing. He is diagnosed with diabetes and bipolar disorder. Mr. R has always been a quiet, mild mannered man. However, in the last few weeks he has begin acting strangely. He is increasingly sexually preoccupied and is making his female staff and HHA uncomfortable. Recently, Mr. R rode the elevator for an extended period of time and when staff tried to engage him, did not respond. When pressed, Mr. R said he has thoughts that told him to come downstairs. Staff believe Mr. R is starting to showing signs of cognitive decline. During one outburst, 911 is called and Mr. R is hospitalized.

- What questions do you have?
- What would you recommend for his discharge plan?





# How hospital staff can support clients

- All people entitled to live with dignity and independence
- Encourage mobility and choice
- Be aware of discrimination and stigma
- Determine if client have advanced directives
- Listen to outpatient providers regarding a client's baseline
- Homecare can be life changing – refer the client before discharge
- Refer clients to community supports (homecare, day programs, outpatient counseling or in-home counseling, prepackage medications, etc.)
- Complete paperwork for HRAs, ALPs, and other housing requirements when needed



*“It's paradoxical that the idea of living a long life appeals to everyone, but the idea of getting old doesn't appeal to anyone.”*

— Andy Rooney