HOT TOPICS IN ELDER LAW:

Supportive Housing with a Lens on Homeless Older and Elder Adults

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In the general population, adults aged 50 to 64 years are considered middle aged and have lower rates of chronic conditions than do those considered elderly, adults aged 65 years and older.[1]

As per the Social Security Administration Fact Sheet, in 1940, the life expectancy of a 65-year-old was almost 14 years; today it is just over 20 years. And, by 2035, the number of Americans 65 and older will increase from approximately 49 million today to over 79 million.[2] If you were born in 1960 or after, your full retirement age is 67. At age 62, you will get 70% of the monthly benefit because you will be getting benefits for an additional 60 months. If someone born in 1960 starts receiving retirement benefits at age 62 instead of waiting until they are age 67, then they receive 70% of their monthly benefit. The average amount of retirement benefits paid per month in August 2017 was $1326.18/month.[3]

Approximately 14 percent of the sheltered homeless households in 2008 were comprised of families with children and the unsheltered homeless population is predominantly single adults. The single adult population, like the overall US population, is aging, with an average age of the single adult homeless person fifty-two.[4]

In a study conducted by Drs. Rebecca T. Brown, Leah Goodman, David Guzman, Lina Tieu, Claudia Ponath, and Margot B. Kushel of 350 homeless adults over age fifty in Oakland CA, a clear delineation was found in population: Nearly half had become homeless first the first time

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[1] Pleis JR, Ward BW, Lucas JW. Summary health statistics for US adults: National Health Interview Survey, 2009. Vital Health Stat 10. 2010; Inouye SK, Studenski S, Tinetti ME, Kuchel GA. Geriatric syndromes: clinical, research, and policy implications of a core geriatric concept. J Am Geriatr Soc. 2007;55(5):780–791.

[2] https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf

[3] https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/

[4] Dennis P. Culhane, Stephen Metraux , Jay Bainbridge. The Age Structure of Contemporary Homelessness: Risk Period or Cohort Effect, 2010.

before age fifty, and the other half was homeless for the first time after age fifty and these two groups had different traits.[5]

If they became homeless before the age of fifty, the researchers found they were more likely in their childhood to have been incarcerated in the juvenile justice system, subject to childhood abuse or neglect, had a chronic illness diagnosed in childhood. In their young adulthood, more likely to have been incarcerated, had mental health problems, and had drug use problems. In middle adulthood, a higher prevalence of underemployment, traumatic brain injury, and drug use.

For those who became homeless for the first time after age fifty, the researchers cited a finding of low-income adults who had a financial or health crisis after a lifetime of workforce participation and housing. Their "financial or health crisis accentuated by a shortage of subsidized housing for older adults living in poverty, a lack of employment options for semi-skilled and unskilled laborers in late middle age, and an inability to collect entitlements" until they reach retirement age.

Studies document rates of chronic illnesses and geriatric conditions in homeless adults younger than the elderly population of 65 years and older, causing experts to consider them to be elderly when aged 50 years.[6]

In their study of geriatric syndromes in older homeless adults, Drs. Rebecca T. Brown, Dan K. Kiely, Monica Bharel, Susan L. Mitchell determined homeless adults aged 50 years and older have rates of chronic illnesses and geriatric conditions similar to or higher than those of housed adults 15 to 20 years older, including conditions often thought to be limited to the elderly, such as falls and memory loss, mobility impairment, frailty, depression, visual impairment, urinary incontinence.[7]

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[5] Rebecca T. Brown, Leah Goodman, David Guzman, Lina Tieu, Claudia Ponath, Margot B. Kushel. Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. Published: May 10, 2016. https://doi.org/10.1371/journal.pone.0155065

[6] Rebecca T. Brown, MD, MPH and Michael A. Steinman, MD. Characteristics of Emergency Department Visits by Older Versus Younger Homeless Adults in the United States, 2013.

[7] Rebecca T. Brown, MD, Dan K. Kiely, MPH, MA, Monica Bharel, MD, and Susan L. Mitchell, MD, MPH. Geriatric Syndromes in Older Homeless Adults. 2012.

A separate study conducted by Dr. Rebecca T. Brown and Dr. Michael A. Steinman found that homeless adults aged fifty years and older use the emergency department (ED) frequently and at rates nearly four times those of the general population.[8]

Dr. Brown and her colleagues conclude that "[g]eriatric syndromes are potentially amenable to intervention, and, if addressed proactively, may reduce adverse outcomes and acute care utilization. Permanent supportive housing has been found to maintain housing in individuals at high risk of remaining homeless and to provide a cost-effective alternative to placement in skilled nursing facilities for older homeless adults. Federal efforts to focus on PSH for chronically homeless individuals are credited with reducing chronic homelessness in major metropolitan areas. The Veterans Health Administrations' adaptation of PSH as its strategy to address chronic homelessness has resulted in dramatic reductions in chronic homelessness among veterans."[9]

Generally, supportive housing pertains to emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing. Permanent supportive housing is appropriate for a variety of needs, including supportive services for physical disabilities, mental illness, intellectual and developmental disabilities, youth aging out of foster care, reentry from incarceration, substance abuse recovery, Veterans, and seniors/elders.

The supportive services provided in permanent supportive housing often include: pre-tenancy services (housing search, reasonable accommodations requests, moving in help, help stocking household necessities), making appointments with needed providers and providing oversight for services that are needed, assistance with cooking, cleaning, maintaining the household, budgeting, orientation to transportation, tenancy services (eviction prevention such as meeting lease requirements and conflict resolution), peer supports, medical care, behavioral health services, crisis intervention services, medication management, therapy, addictive diseases services, individual and group counseling.

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[8] Rebecca T. Brown, MD, MPH and Michael A. Steinman, MD. Characteristics of Emergency Department Visits by Older Versus Younger Homeless Adults in the United States, 2013.

[9] Rebecca T. Brown, Leah Goodman, David Guzman, Lina Tieu, Claudia Ponath, Margot B. Kushel. Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study Published: May 10, 2016. https://doi.org/10.1371/journal.pone.0155065