Older Adult Services

Catholic Charities serves those most in need. We are a leader at solving poverty, creating opportunity, and advocating for justice in the community.
Agenda

• Why Catholic Charities?
• Demographics of the Age Wave
  – Poverty & Aging
  – Elder Homelessness
• Overview of Current Older Adults Program with assessments and resources
• Questions
The Strategic Position of Catholic Charities

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**STRATEGIC POSITION**
We Cannot Serve Our Way Out of Poverty

*A Call For a New Civic Compact to Flatten the Crisis Bell Curve*

- Greater emphasis on advocacy, public engagement and partnerships
- Community-wide increases in economic and social opportunity and reduced need for crisis services
- Allowing more investment in prevention and pathways out of poverty
Deeply Held Beliefs

• Catholic Social Justice Teaching:
  – Human Dignity, Option for the Poor and Vulnerable, Community and the Common Good, Rights and Responsibilities, Solidarity

• Elders and those with disabilities are our society’s most vulnerable individuals; deserving of our compassion, service, respect and dignity
Catholic Charities’ Elder Strategy

*Older Adults are able to remain safe and have stable, appropriate housing.*

This requires supports for:

- Housing
- Health
- Income adequacy
- Social/Community Connections
- Infrastructure: e.g. Transportation
- Care Coordination
State-Wide Demographic Shifts

The Age Wave is upon us - 10,000 new people turn 65 each day in the USA!
  • 76 per day in Minnesota!

Between 2010 and 2030, the number of Minnesotans over 65 will double from 307,000 to 777,000.
  • 21% of MN population
2013 Poverty Line for 65 +

What does “living in poverty” mean?

– U.S. Census Bureau’s Federal Poverty Threshold (FPT)
  – Elder Couple $14,081
  – Elder Single: $11,173
FPT Hides Elder Income Inadequacy

• Soc. Sec. lifts over a quarter million older Minnesotans (barely) above “poverty line”.

• Nationally, almost half of single elders depend on Social Security for 90% or more of their monthly income.

• The average Social Security benefit was $1235 a month (110% of the FPT)
Income Inadequacy and Aging

• Elder Index of 2013-
  – MN Seniors require $21,864 per year to **minimally** meet basic needs. (195% of FPT)
  – The median income of MN seniors = $17,050. (153% of FPT)
  – Income Gap to provide basic needs = $4,836.

• AARP - 1/3 of all seniors will spend down into Medicaid (set at 100% of FPT)
2012 Ratio of Income to FPT by Age

<table>
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<th>Age Groups</th>
<th>% of group living on &lt;.50 FPT</th>
<th>% of group living on .5-.99 FPT</th>
<th>% of group living on 1.0-1.99 FPT</th>
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<td>5.4%</td>
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<td>35 to 44</td>
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<td>65-74</td>
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<tr>
<td>75+</td>
<td>2.5%</td>
<td>6.3%</td>
<td>24.3%</td>
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2012 5yr estimates, American Community Survey – Greater MSP
2013 Poverty & Aging in Greater MSP

An estimated:

• 24,970 elders living on incomes < 100% of FPT $931 or less per month

• 60,489 elders with incomes 100% to 200% FPT

• Total 85,459 elders living on < 200% of the FPT. $931 to $1,862 per month.

– 1 out of every 4 elders in the region.
Elders and Housing Instability

• HUD – Renters are unable to afford their housing (“cost-burdened”) if they pay more than 30% of monthly income on Housing.

• Average monthly Social Security payments = $1,235 (132% of FPT)
  (Our clients who get SS - $740/month)

• To afford housing, rent must cost no more than $371 per month.
Housing Affordability

• Very few elders can afford a one bedroom market rate apartment in Greater MSP. (HUD= $736/month).

• To afford this market rate 1-bedroom apt, an elder would require $2,453 monthly (263% of FPT)
Homelessness = the Most Extreme Form of Poverty

• HUD = Homeless are “Elder” at 55.
  • Adults living on the street = 20 year shortened longevity due to the harsh conditions.

• 777 people 55+ counted as homeless – Wilder’s 2012 survey.
  – A 48% increase from 2009.

• 51% of Top 100 shelter users at Dorothy Day were 55+ - CC’s 2013 count
Homeless and income-less

Wilder’s 2012 Homeless study

Monthly median income among all homeless single adults

– Metro $381
– Greater MN $403
Impact in FY 2014

• 1,887 elders served

• 1,825 older adults successfully age in place, staying safe and in stable housing

• 85 homeless elders assisted, 33 obtain housing, 32 maintain housing
Strategic Focus

Prevention

• Care management for elders in poverty to help stabilize, maintain and coordinate housing, healthcare and community resources through an integrated care model

• Advocacy for individual clients and all elders through partnerships and educating the community and legislative stakeholders
Strategic Focus (part 2)

Crisis

• Intensive care management of homeless elders who have fallen through the safety net and are have lost their homes, income, relationships and health
History of Homeless Elders

• Started in 2008 with a grant from Stephen’s Square Foundation
• Past funding from Mardag Foundation and City of Minneapolis
• Expanded to Hennepin Co. in 2010
  • Currently funded by Catholic Charities
Intensive Case Management

• 1 staff in Minneapolis
  Health Supported Housing at Exodus
  Outreach to community from Opportunity Center (waiting list)

• 1 staff in St. Paul
  Outreach to Mary Hall and Dorothy Day Center
    (waiting list)
  New “Revision” Strategy – Top 28
Did you know?

- Homeless Shelters are a drop off spot from hospitals, psych units, and other institutions for homeless elders.
- Story of Ruth – 72 year old woman to be dropped off to Dorothy Day from a geriatric psych facility. Intervention took 80+ hours, 73 phone calls, 39 emails and extensive paperwork including collaboration between 11 people, 19 agencies across state lines.
Did you know? (part 2)

• Homelessness is TRAUMATIC.

• “a very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a very long time”

• What can we expect from those experiencing trauma: black-out state, reactive, disorganized/erratic behavior, unawareness of other people, rapid shifts in emotional state, difficulty making decisions, fight/flight/freeze

• Trauma is contagious due to neurobiology.
Intake, assessment and referral

• Long Term Care Consultation modified to needs of Homeless Elders and a person centered care plan
• Establish primary care with a community clinic, Health plan enrollment
• Renew or apply for social security, Medicare, state ID, medical assistance, elderly waiver, SNAP etc…
• Identification of barriers to housing and stability with support to remove, and/or find housing that will work with barriers
Health Care Issues

• Lack of primary care (utilizing ER instead of clinics)

• Unaddressed medical issues: Diabetes, Hypertension, Arthritis, Depression, Anxiety, Substance abuse, Dental issues

• Magnified age-related health issues due to stress, lack of stability Ex. Difficulty managing medications and appointments due to the focus on day-to-day survival
Health Care issues

• Delayed surgeries and medical procedures due to lack of place to recover
• Poor/no transitions of care planning
• Vulnerable to medication and property theft and violence
• Shelters lack the capacity to meet the needs of medically complex clients (Ex. a place to store oxygen, a nebulizer, refrigerator for insulin etc.)
Housing Stability Issues

• Lack of housing availability (0% vacancy rate for low-income housing, average waitlist times of 1-2 yrs.)
• Eligibility requirements to rent a market rate apartment are rising.
• Past UD’s (court evictions)**, criminal history, low income, lack of rental history
Types of Housing Options

- Market Rate- private market apartments, also senior specific market rate housing (rent at senior buildings is higher)
- GRH- Group Residential Housing
  -often dorm style with a private room and meals provided (also the way many AL’s rent is paid)
  -Rent is total income minus $95 personal needs money
Housing Options

• Subsidized- either a Sec. 8 voucher (transferrable) or
• site-based building where all units are subsidized (not transferrable). Rent is 30% of income.
• *Senior Specific housing gives more options to apply for, but also may have more restrictive requirements due to their vulnerable population
Housing Stability Issues: Criminal Records

• Very common issue - 55% of current case load have criminal records
• Criminal records, being online and public, really do not go away after time. A misdemeanor or felony from as far back as the 1970’s can still follow someone and prevent them from obtaining housing.
• Expungement is difficult.
Housing Stability Issues: Criminal Records (part 2)

• Most senior housing has the goal of protecting their vulnerable residents and do this by refusing to rent to those who have criminal histories.

• Seniors who have been homeless for some time have a higher chance of having a criminal history related to homelessness.
Resources

- Care Options Network
- Housinglink.org
- Handbook of the Streets
- United Way 211
- Minnesotahelp.info
- Bridging for furniture once placed
- Transitional housing (Exodus)
- Other waiver case managers and social service providers
- Lost or absent family members
Tips for Doing Housing Work

• Gather as much about the person’s background as possible (housing, evictions, criminal history, income, credit), determine type of housing needed (level of care)

• Call housing providers yourself if there is any doubt that the client is able to do so, inquire about eligibility requirements, vacancies.
Tips for Doing Housing Work (part 2)

• Assist clients with the applications as much as possible. They are long! And often confusing!
• Go with client to meet the landlord if possible and assist with follow-up. **Clients too often lose housing opportunities because the landlord cannot reach them when they are at the top of the list.
• Assist with appeal process if necessary.
Questions and discussion

• How can you get involved?
  Advocacy Network
  www.cctwincities.org/advocacy click on Sowers of Justice

• Do you know the senior on your block?