



## **INNOVATIONS & SOLUTIONS for Ending Unsheltered Homelessness**

March 4-6, 2024

San Francisco, CA

#NAEH2024



# **Aging in Place WITHOUT a Place: Help and Hope for Homeless Older Adults**

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**Senior Services of Southeastern Virginia-Norfolk, Virginia**

**Chairs, Coalition for Homeless Elders**

**Chairs, Service Coordination Committee-Singles**



# Agenda

- The Aging Network
- Crisis & Challenge
- Help & Hope
- Tips & Key Takeaways
- Audience Participation, Q & A

# What Chronological Age is an Older Adult?

Depends who you ask...

- 65 Geriatrics & Gerontology**
- 65 United States Census Bureau**
- 65 Medicare**
- 62 Department of Housing & Urban Development (HUD)**
- 60 Area Agencies on Aging**
- 50 Older Adults Experiencing Homelessness**
- 50 American Association of Retired Persons (AARP)**
- 39 “The Youth”**

- ✓ 2,000 miles
- ✓ 8 Jurisdictions
- ✓ Rural & Urban population
- ✓ 2 Offices-Norfolk, Franklin
- ✓ 1 Affordable Housing Development



# Area Agencies on Aging (AAA)

For 50 years, AAAs have served as the local leaders on aging by planning, developing, funding and implementing local systems of coordinated aging and other home and community-based services for consumers in their Planning and Service Areas (PSAs)



Federal  
Government



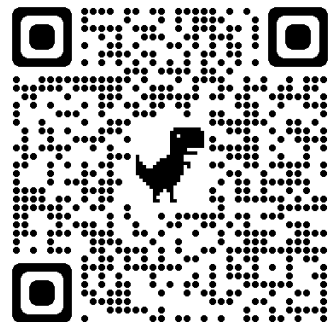
State Units  
on Aging



Area Agencies  
on Aging



Local Service  
Providers





# Area Agencies on Aging (AAA)

A foundational role of AAAs is to create local information and referral/assistance hotlines to help consumers find aging and other home and community-based services. AAAs address the social drivers of health with core service offerings, enabling consumers to age in place with increased health, safety and independence.



Nutrition



Supportive  
Services



Caregivers



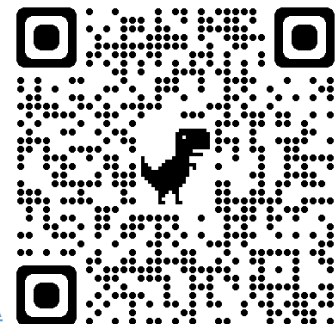
Health &  
Wellness



Elder Rights

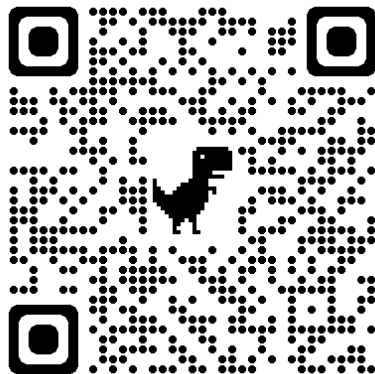
**Find the intersection of YOUR NEEDS + THEIR PROGRAMS**

[Find your AAA](#)

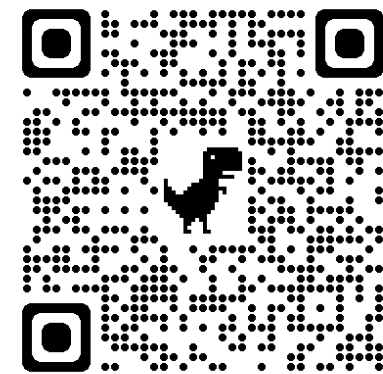


# Aging Network Response to Homeless Older Adults

In the latest [National Survey of Area Agencies on Aging](#), 85 percent of AAAs reported that lack of affordable housing was a “major challenge” in their planning and service area (PSA) and 42 percent indicated that increasing homelessness of older adults was a major challenge in their PSA.



**AAAs Support Housing  
Stability And Prevent  
Homelessness Of Older Adults**



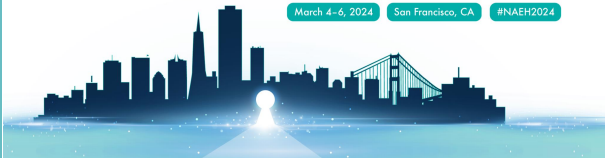
## Area Agencies on Aging (AAA)

### Most Common Partnerships

Adult Protective Services	89%
State Health Insurance Assistance Program (SHIP)	84%
Transportation agencies	83%
Disability service organizations	78%
Medicaid	77%
Federal departments/programs (e.g., Social Security Administration, Veterans Administration Medical Center, Bureau of Indian Affairs)	75%
Department of Health/Public Health	74%
Food banks	74%



# **Crisis & Challenge**



# National

*Importantly, while most homeless older adults were in the 55-64 age range increases in older adult homelessness were driven mostly by the rising share of elderly adults—those 65 and older.*

**Andrew Hall, Research Analyst**  
National Alliance to End Homelessness

**2034**  
**2038**

**older adults outnumber children**  
**40% renters 50+**

**\$457**  
**\$274**

**rent affordable to an older adult**  
**rent affordable to SSI recipient**

**30%**

**of extremely low income**  
**households are seniors**

**50**

**age premature geriatric conditions**  
**begin for street homeless adults**

**25%**

**1 or more chronic health**  
**conditions**

# Virginia Data

## Southeastern Virginia

**108.05%**    **increase 55-61**

**437.58%**    **increase 62+**

## CoC-Southeastern Virginia Homeless Coalition

**67.23%**    **50+ presented to SCC-S in 2023**

**67.57%**    **50+ presented to SCC-S Feb. 24'**

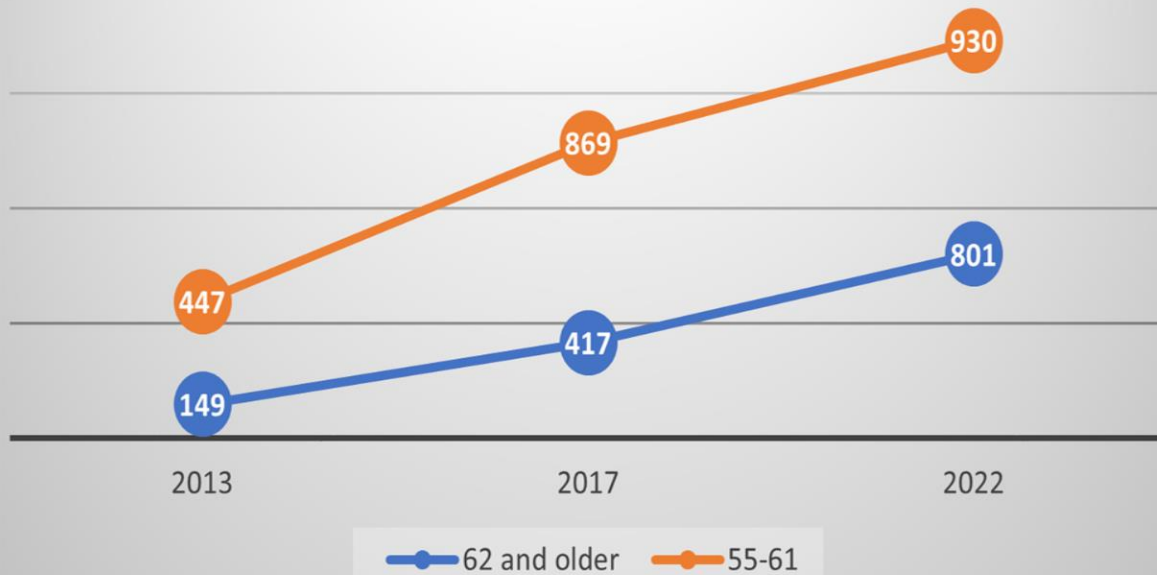
## State

**32**    **affordable units available**  
**5**    **top 10 evicting cities**

**\$26.84**  
**0.69%**

**2br FMR**  
**state dollars invested in**  
**housing & programs**

## 55-61 & 62 and Older



Across all 3 Continuums of Care in  
Southeastern Virginia



# Pathways to Late-Life Homelessness

Drivers often compounding, chronologically close together, and are not necessarily exclusive to a particular pathway (such as military service, chronic health)

## Chronic

Mental health & substance abuse

Imprisonment

Military service

Lower attainment of adult milestones

Trauma

Early (unmanaged) onset of geriatric conditions

Vulnerabilities compound & increase over time

## 1<sup>st</sup> Time

Age-related changes in health & functional ability

Chronic health conditions

Functional & cognitive impairments

Unemployment (disability, retirement)

Death of spouse or roommate

Rising housing & healthcare costs

Inability to increase income

Abuse (financial in particular, scams)

Social Isolation

No support network (family, friends, others)

Strained landlord relationships

# Unique, Age-Related Factors Compound Risk of Housing Insecurity and Homelessness

Micro/Individual	Macro/Policy	Older Adult Specific
Cognitive disability	Inadequate long-term care services and supports (LTSS)	Age-related cognitive decline; reliance on long-term services and supports
Physical disability and chronic health issues	Poor healthcare access; limited income supplements; inadequate LTSS; inaccessible housing; incomplete public transportation	Age-related changes in health and functional ability; unmanaged chronic conditions can worsen with age; need for physically accessible housing
Mental health/substance use disorders	Inadequate access to healthcare and mental health supports	Unmanaged chronic conditions can worsen with age
Social isolation	Poor community connectivity infrastructure	Widowhood; less access to technology; mobility challenges
Housing cost burdens	Unaffordable housing options; income disparities	Higher rate of housing cost burden; difficulty absorbing increased housing costs
Poverty	Inadequate public benefits	Fixed income; reliance on public programs
Discrimination	Structural inequities, particularly as related to race/ethnicity	Compounded disparities; learned mistrust; trauma
Violence/trauma	Incomplete legal protections	Increased physical and social vulnerabilities; age-related cognitive changes
Immigration	Exclusion from public programs	Generational cultural preferences; greater reliance on social network and public benefits



## Older Adult Specific

Age-related cognitive decline; reliance on long-term services and supports

Age-related changes in health and functional ability; unmanaged chronic conditions can worsen with age; need for physically accessible housing

Unmanaged chronic conditions can worsen with age

Widowhood; less access to technology; mobility challenges

Higher rate of housing cost burden; difficulty absorbing increased housing costs

Fixed income; reliance on public programs

Compounded disparities; learned mistrust; trauma

Increased physical and social vulnerabilities; age-related cognitive changes

Generational cultural preferences; greater reliance on social network and public benefits



- **Performing Daily Activities**
  - ADL: walking, bathroom
  - IDL: bill pay, laundry, meals
- **Need housing conducive to aging in place**
  - Walkable, safe neighborhoods, close to services
  - Stairs, high cabinets & counters, fall risks
- **Need supportive services**
  - transportation, shopping, cleaning
- **Inability to increase income**
- **Difficulty navigating systems**
- **Barriers to benefits utilization**
- **Managing health conditions**



**Help & Hope**

The logo features a stylized 'S' composed of two blue curved shapes, with a red circle at the top right of the upper curve.

# **Senior Services**

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## of Southeastern Virginia



- ✓ **Coalition for Homeless Elders**
- ✓ **Homeless Older Adults Program**
- ✓ **Involvement in the administrative activities of our regional CoC**
  - Chair SCC-S
  - Chair CHE
  - PMC membership
  - Seat on Governing Board

# Coalition for Homeless Elders 2021-Present

- 1 critical partnership with common history
- 3 continuums of care
- 3 siloed service sectors: aging, healthcare, homeless

150+ members  
50+ organizations  
2+ workgroups

# Coalition for Homeless Elders: **Four Pillars**

## Engaging Partners & Communities

### Education

- Increase age-informed capacity of the CoCs
- Increase members' knowledge of resources, services, data, trends, service models for replication
- Increase knowledge between sectors
- Educate partners & communities

### Advocacy

- Using our data strategically
- Coalition members “experts” on late-life homelessness
- Increasing the supply of housing and services
- Link missions with housing advocates & coalitions

### Systems

- Advancing best practices and quality
- CoC systems changes + Aging network systems changes
- ✓ **Integrate needs of homeless elders into programming and strategic planning**
- ✓ **Fulfill the mission**

### Services

- Formal partnerships
  - ✓ Leverage existing resources
  - ✓ New resources
  - ✓ increase communication between siloes
- Informal partnerships
  - ✓ Fast-track processes
  - ✓ Prevent complications

# Four Pillars In Action

## Engaging Partners & Communities

### Education

- Virginia Commonwealth University Geriatric Training Education grant
- Presentations at regional and national aging conferences
- Local education for CHWs, medical students, aging taskforces

### Advocacy

- Inform & connect with legislative representatives
- Provide input for housing legislation
- Mobilize coalition members to provide public testimony (2024 GA session, city council)

### Systems

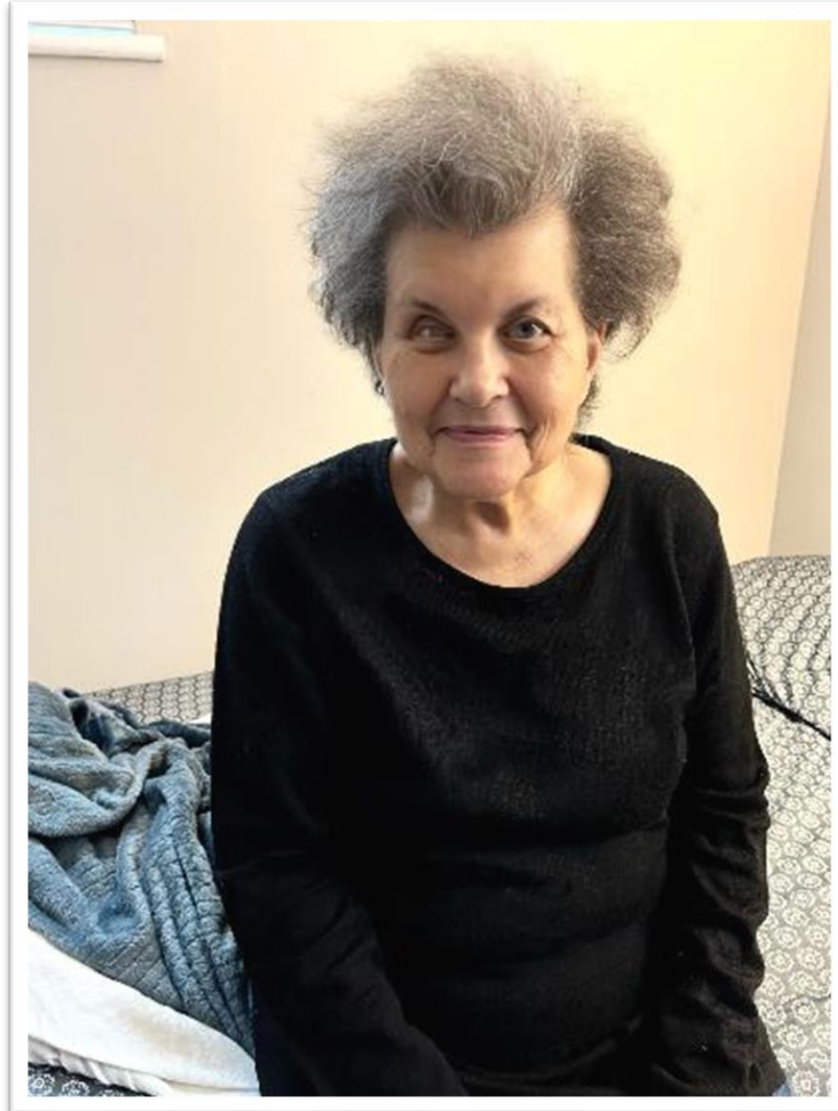
- Elder Status Priority Recommendation
- Performance Improvement Workgroup for the SVHC CoC
- Senior Services' systems changes work in progress
  - Priority
  - Prevention
  - Capacity

# Four Pillars In Action

## Engaging Partners & Communities

### Services

- *Sentara Cares Foundation* Healthy Hotel Meals Program
- PrimePlus & Tidewater Arts Outreach Life Enrichment program
- HR-PROS donation drives
- Crisis intervention resulting in housing stability
  - Senior Coordination Advisory Network







Fatima Tomlin

Homeless Older Adults Program Manager

# Homeless Older Adults Program: **Program Manager**

- **Advocate** for priority & change of services for individuals experiencing homelessness or housing insecurity.
- **Arrange** support services to obtain and maintain permanent housing.
- **Assist** with housing barriers and prevention resources.



# HOA Program

## Positions & Roles

### Outreach Specialist (Housing Stabilization Specialist)

✓ \*SOAR Certified

### Future Growth:

- **Housing Location Specialist** (full time)
- **Housing Stabilization Specialist** (full time)

Build the positions based on needs, existing coordination, and internal support.

# Homeless Older Adults Program: **Four Pillars**

## **Education**

- Advocate, support, & increase staff training
- Provide inclusive resources
- Increase education & engagement

## **Community Partnership**

- Establish engagement activities
- Link missions with community partners and aging advocates to leverage resources

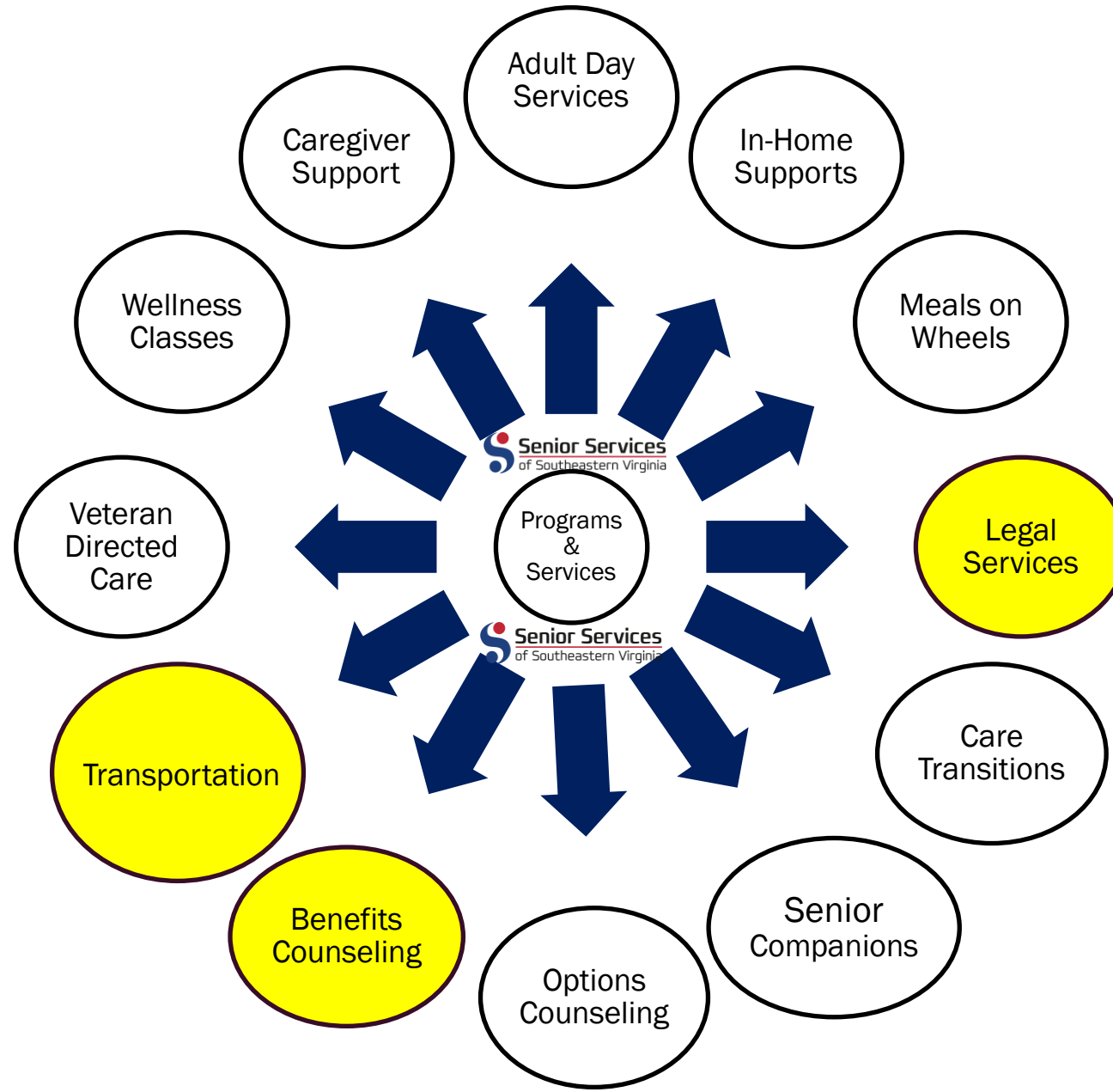
## **Preventive & Supportive Services**

- Intensive case management
- Day centers, shelters, faith-based outreach

## **Resource Coordination**

- Benefits counseling & review
- Household resources
- Engagement Coordination

# Department Growth Opportunities





# Program Products

## ✓ HMIS

- Access Point
- Programs: Homeless Services & Supportive Service

## ✓ Glossary and Acronym Guides

- CoC crossover

## ✓ Resource Guides

- Consolidated multiple cities, various layouts

## ✓ Building Donations Partnerships

- Women United, United Way







# Keep In Mind

- ✓ Seek available partnership opportunities.
- ✓ Adjust client engagement timeline (current and proposed staff).
- ✓ Adjust grant data language to support increased staff needs.
- ✓ Seek out models for replication – can't identify one...Create one!
  - ✓ Start at organizational level, frame the need with current resources...outsource additional needed resources.
  - ✓ Build out current grant submissions.

# Eating the Elephant



**Who are your closest  
community partners?**

**Where is the need?**

**What are the benefits?**

1. High level buy-in
2. Organizational capacity
3. Strong network of believers
4. Identify a “simple” need

*...if you can't identify it, create it...*

# Eating the Elephant

- **Reach out to the aging network of services**
  - ✓ AAAs
  - ✓ Taskforces on Aging
  - ✓ Mayor's Commissions on Aging
  - ✓ Geriatric programs
  - ✓ Senior Centers
  - ✓ Networks of aging professionals
- **This is new and likely very uncomfortable space for them.**
  - Gaps in knowledge, funding, “culture”, clientele
  - Learning curve
- **Focus on the intersection of:**
  - ✓ Your missions
  - ✓ Passion for older adults
  - ✓ Their needs + their activities

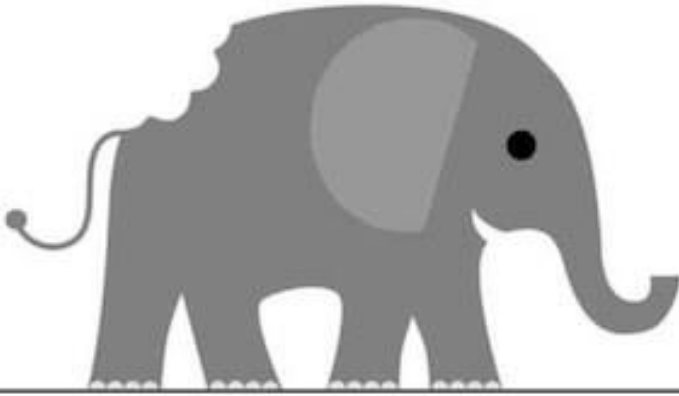
*Look for the Helpers.  
You will always find  
people who are helping.  
- Fred Rogers*





HOW DO YOU EAT AN ELEPHANT?

ONE BITE  
AT A TIME



# THANK YOU

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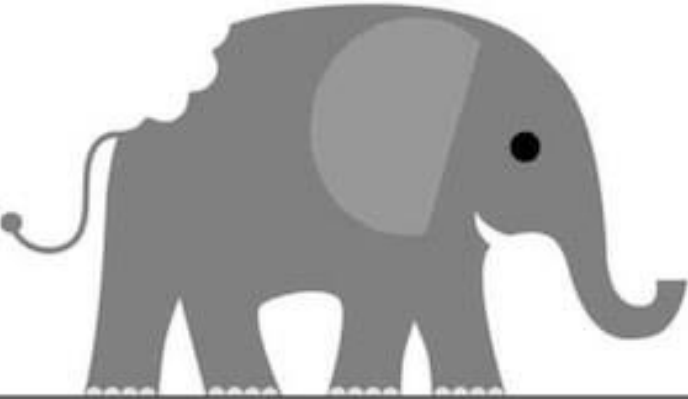
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HOW DO YOU EAT AN ELEPHANT?

ONE BITE  
AT A TIME



# Q & A Collaboration!

## Audience Participation

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