



# IHSS and Homeless: Building a Bridge

CWDA Conference – October 5, 2017

# PRESENTATION OVERVIEW

- In-Home Supportive Services (IHSS) 101
- Story behind the Pilot
- Role of Key Partners:
  - University of California, San Francisco – Oakland cohort and ongoing role
  - Alameda County Health Care Services Agency – whole person care
  - Justice in Aging – foundation grant in Alameda
- Pilot work, Lessons Learned & Next Steps
- Discussion/Q&A



**JUSTICE IN AGING**  
FIGHTING SENIOR POVERTY THROUGH LAW

# In-Home Supportive Services 101



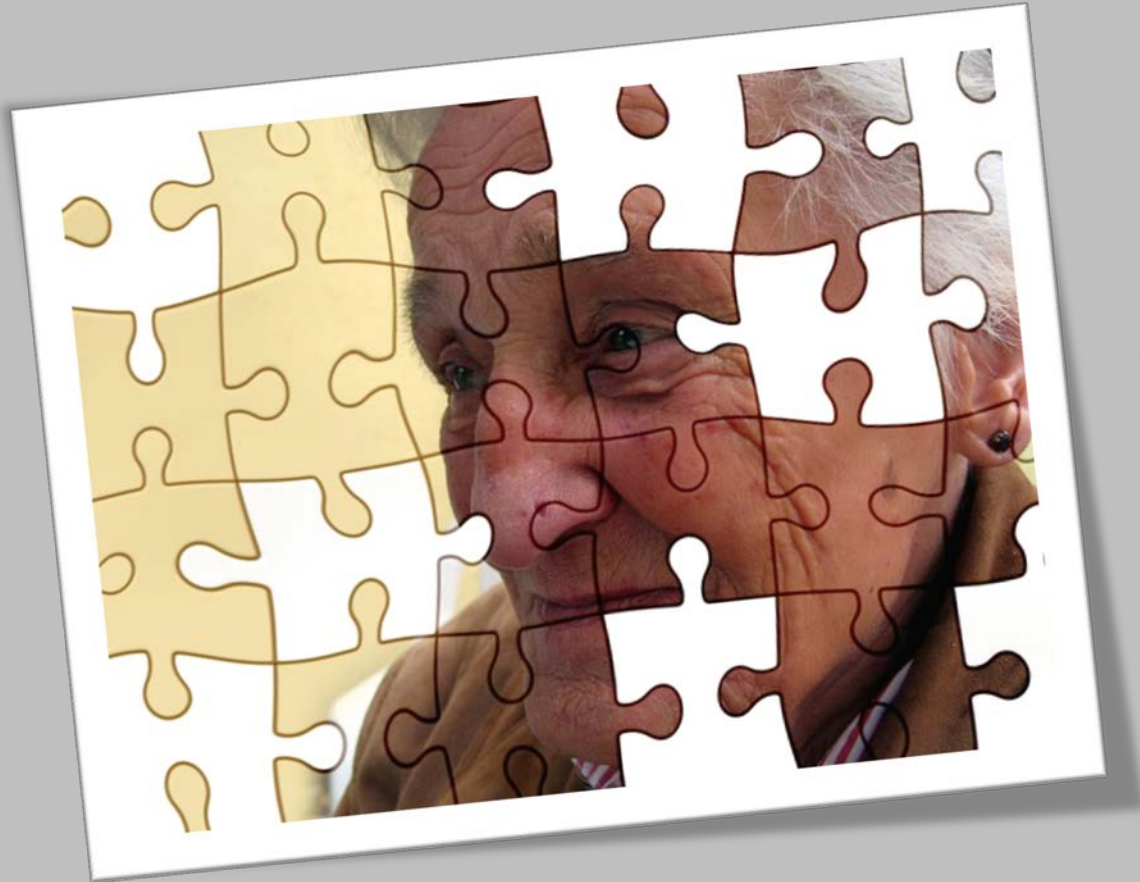
- What is IHSS?
- Who is eligible?
  - Aged, Blind, and Individuals with disabilities (includes children)
  - Receive full-scope Medi-Cal
  - **Reside in his/her own home or abode of choice**
  - Unable to live at home safely without care and assistance
- Types of Services provided by IHSS
- Service Hour Authorization
- Hiring and Training a Provider

# WHY BUILD THIS BRIDGE?

ACL 08-18



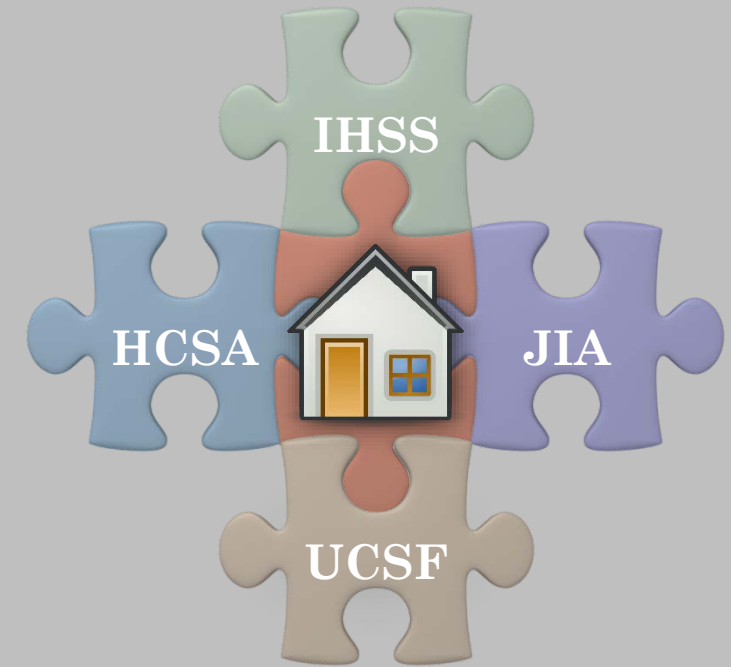
# STORY BEHIND THE PILOT



# DESIRED OUTCOMES



- Individuals with disabilities living in the least restrictive and most integrated settings
- Individual needs are met
- Prevent or reduce premature and prolonged institutionalization
- Reduce homelessness
- Everyone should have a safe, supportive place to call home





Key Partner:

University of California,  
San Francisco (UCSF)

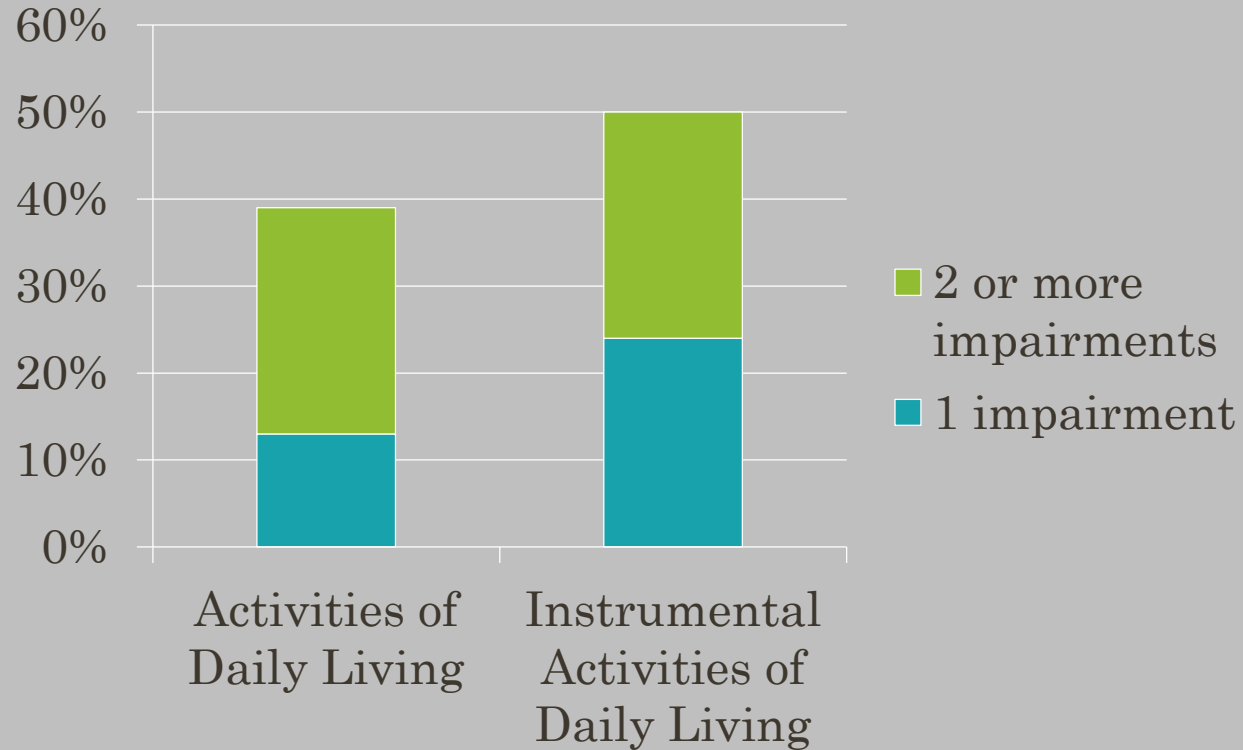
# A GROWING POPULATION



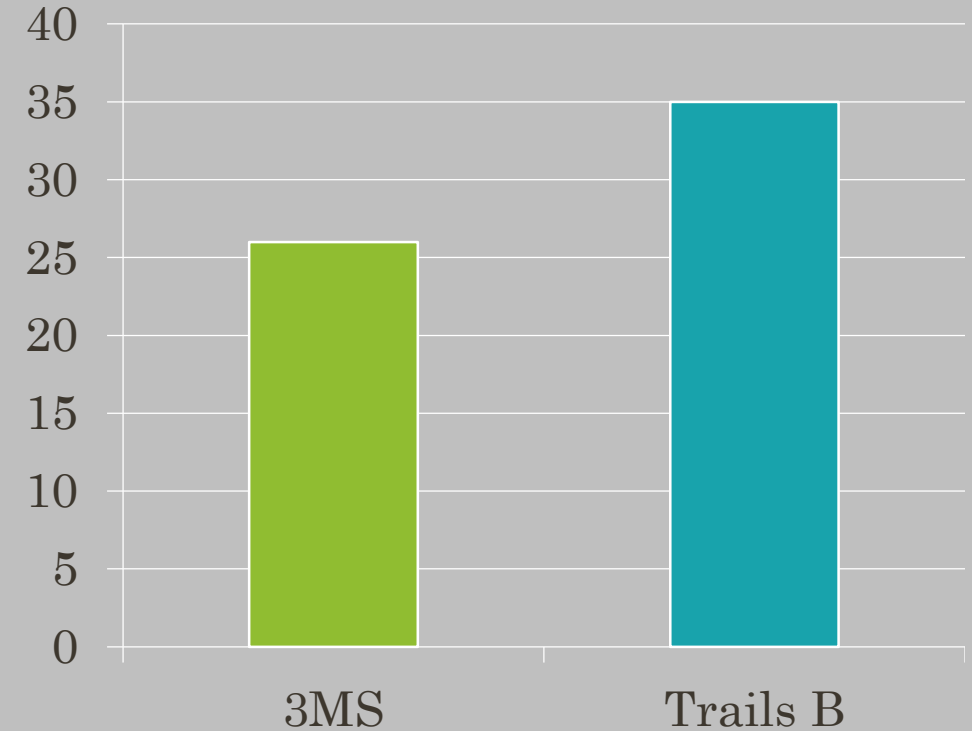
- **50/50**
  - Approximately 50% of single adults experiencing homelessness are 50 years or older
- **Generational effect**
  - Second half “baby boomers” born with elevated risk of homelessness throughout their lives
- **Health problems in homeless older adults**
  - Worse than those in general population who are 20+ years older
  - Functional and cognitive impairments
  - Multiple chronic illnesses
  - High risk for need of institutional care



# Functional and Cognitive Impairments



Brown RT, et al Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist. 2016



Hurstak et al Drug and Alcohol Dependence 2017

# GERIATRIC CONDITIONS: “50 is the new 75”

Mobility impairment:	27%
One or more falls (6 months)	34%
Visual impairment	45%
Hearing impairment	36%
Urinary incontinence	48%

Brown RT et al. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist. 2016

# MEETING IHSS CRITERIA

*Sample: 220 HOPE HOME interviews (to date)*

- 147 (67%) participants have a current ADL, IADL need, OR cognitive impairment

*Of those:*

- 18 (12.2%) participants report having a paid caregiver AND
- 11 (7.5%) report having a family or friend caring for them without any payment

*Despite many meeting basic qualification for IHSS, few have it*

# MEET “JAMES”

- 62-year-old African American man
- Stays with stepdaughter
  - Intermittently, a few months at a time
  - Otherwise on streets
- Stroke, chronic pain, and spinal surgery
  - Significant mobility limitations, requiring help with all IADL, some ADL
  - Step-daughter cares for him, unpaid

# MEET “ANTHONY”

- 62-year-old African-American man
- Stays with friends and family intermittently
- Staying with family more often, because more trouble with mobility
- Hip replacement, sciatica and chronic hip and knee pain
- Mobility limitations; using walker
- Difficulty with all IADL, some ADL
- Family providing care, but not getting paid

# WE REALIZED THAT...

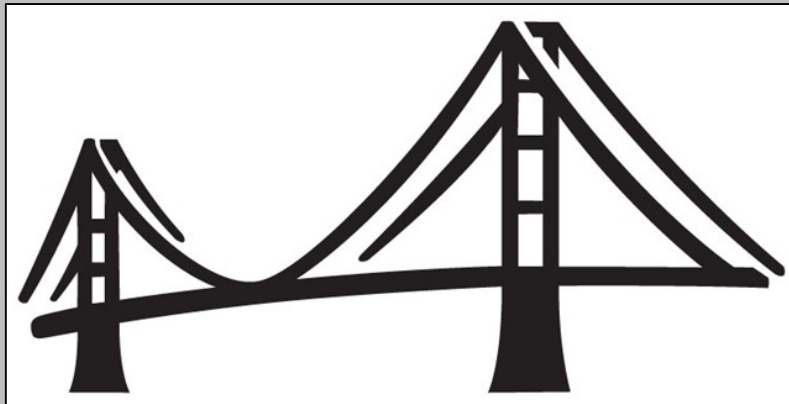
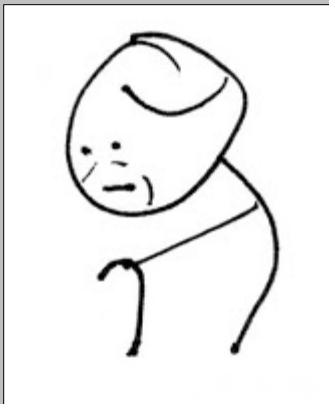
*Many of our participants:*

- Meet multiple criteria for IHSS
- Are going from homelessness into institutional care  
*(what IHSS is meant to prevent!)*
- Report family members are providing IHSS-like services without resources or support
- Are not enrolled in IHSS

# WE WONDERED IF...

Connecting older homeless adults to IHSS *could*:

- Prevent progression to institutional care by helping them meet their functional needs
- Provide their family members with support that might enable family members to house their relative





Key Partner:

Alameda County  
Health Care Services Agency (HCSA)



# AC HEALTH CARE SERVICES AGENCY



- Homes are Essential for Health
- Work on Housing and Homelessness to date
- Whole Person Care pilot
- Anti-family paradigm
- Key role in pilot pre-referral to IHSS

# PROACTIVE PARTNERSHIPS

- Family/Friend Reunification – IHSS Compensation
- Temporary housing supports in Shelter and Transitional Housing
- Permanent Supportive Housing (PSH) / Pre-Entry IHSS Planning
- Skilled Nursing Facility (SNF) Transitions
- Health Care Provider involvement (Appointment of Representative)
- Registry of Workers – coaching and hiring support

# IHSS & HOUSING POSSIBILITIES

- Link to actual housing
- Support to reduce risk of homeless or eviction
- Income to pay rent / housing expenses
- Employment Opportunities as Care Providers
- Provider in building



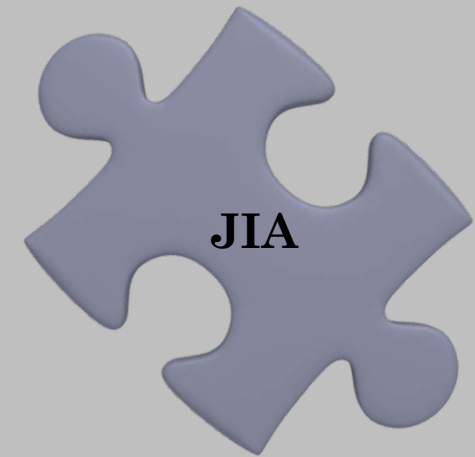
Key Partner:



# Justice in Aging (JIA)

# JUSTICE IN AGING

- Grant from Long Foundation
  - Focus on IHSS in Alameda and Contra Costa
- Justice in Aging's Mission
  - Improve access to Long-term services and supports (LTSS) for vulnerable older adults
- Role in Pilot
  - Consumer advocate
  - Systemic change perspective



# PILOT WORK TO DATE

## Steering Committee

- High-level, cross-agency
- Define purpose, scope, and objectives of pilot
- Identify and solve implementation challenges
- Identify community partners
- Training and Technical Assistance
- Evaluation

## Capacity building

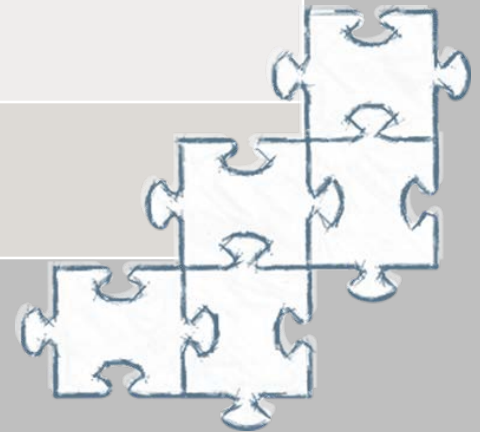
- Health care provider involvement in functional assessments
- Training of Housing Navigators
- Coordinated Entry Housing System (CoCs)
- Care Provider Workforce & Behavioral Issues
- Education for Property Owners/Managers

## IHSS work

- Clerical Call Center paradigm
- Intake Social Worker paradigm
- Training for IHSS staff members

# LESSONS LEARNED

1. Need buy-in from all members
2. Need decision-makers
3. Need agreements to problem-solve
4. Need embedded community partners



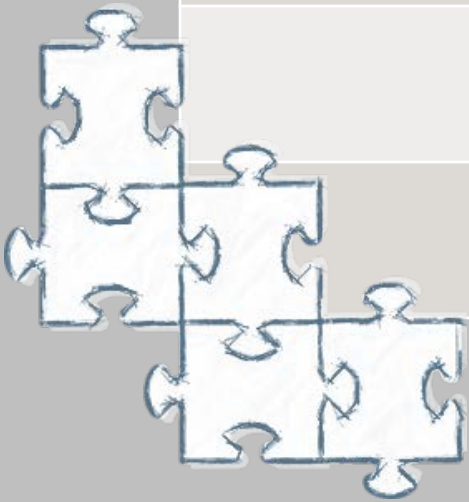
# NEXT STEPS

1. Identify potentially eligible beneficiaries

2. Continue training community/county partners

3. Create process document

4. Identify systemic issues



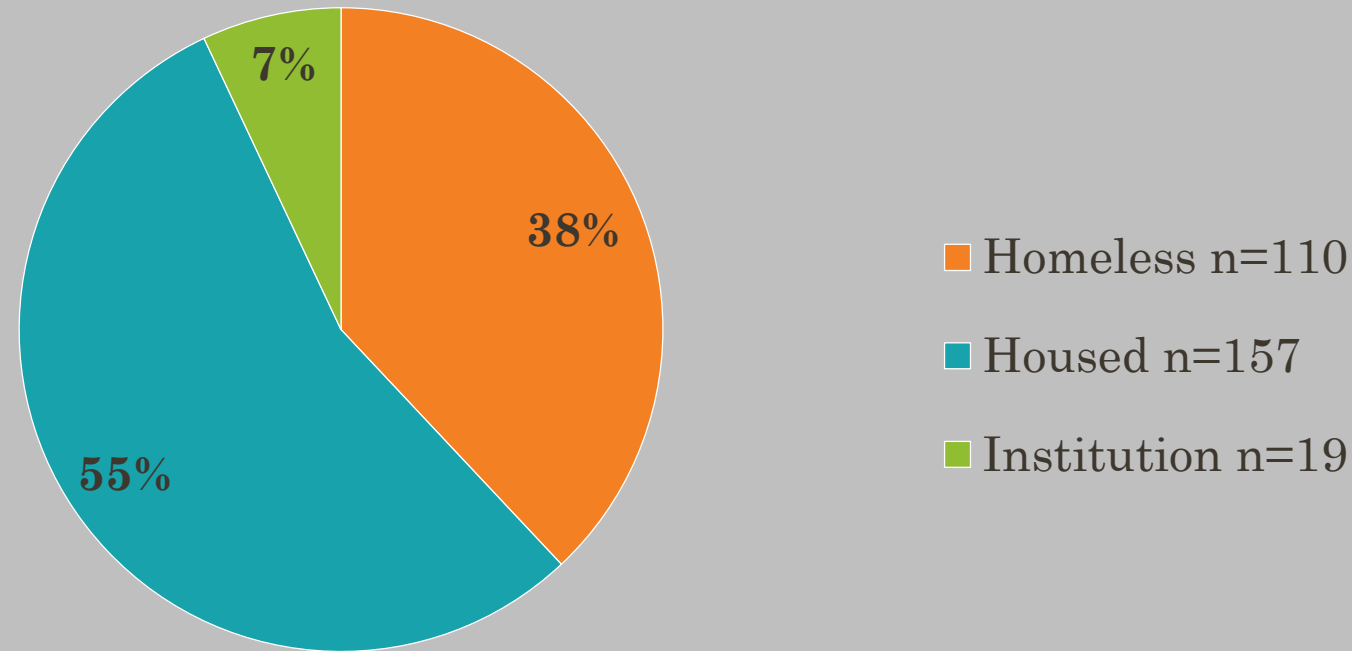


# DISCUSSION QUESTIONS



# Homelessness is a state, not a trait!

## Housing Status at 24 months (n=286)



### Not included:

Deceased n=17

Dropped out or unable to ascertain n=47

# Housing at 24 months – *where & how long?*

N = 286

