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
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

In-Home Supportive Services
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)
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


Hurstak et al Drug and Alcohol Dependence 2017
Mobility impairment: 27%
One or more falls (6 months) 34%
Visual impairment 45%
Hearing impairment 36%
Urinary incontinence 48%

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
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
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)
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
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)
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

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<th>Steering Committee</th>
<th>Capacity building</th>
<th>IHSS work</th>
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<td>▪ High-level, cross-agency</td>
<td>▪ Health care provider involvement in functional assessments</td>
<td>▪ Clerical Call Center paradigm</td>
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<td>▪ Define purpose, scope, and objectives of pilot</td>
<td>▪ Training of Housing Navigators</td>
<td>▪ Intake Social Worker paradigm</td>
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<td>▪ Identify and solve implementation challenges</td>
<td>▪ Coordinated Entry Housing System (CoCs)</td>
<td>▪ Training for IHSS staff members</td>
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<td>▪ Identify community partners</td>
<td>▪ Care Provider Workforce &amp; Behavioral Issues</td>
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<td>▪ Training and Technical Assistance</td>
<td>▪ Education for Property Owners/Managers</td>
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### 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)

- Homeless n=110
- Housed n=157
- Institution n=19

Not included:
- Deceased n=17
- Dropped out or unable to ascertain n=47
Housing at 24 months – *where & how long?*

Housing status

- Permanent Supportive Housing: 37%
- Transitional Housing: 17%
- Subsidized Housing: 24%
- Housed alone: 40%
- Housed with friends or family: 34%
- Hotel with tenancy rights: 5%

N = 286