UNIVERSITY OF MINNESOTA

Older Adult Homelessness in Metro Minnesota: Barriers to Re-Housing and Challenges for Case Management

Catholic Charity of Saint Paul and Minnesota Pilot in Collaboration with United Way and University of Minnesota Center on Aging

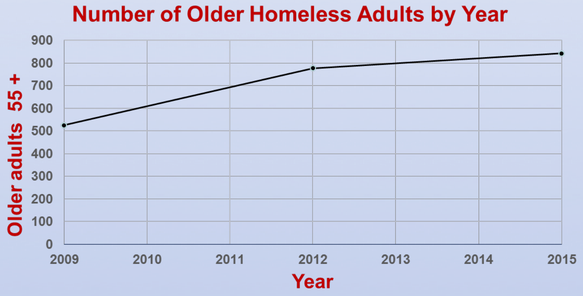
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Older Adult Homelessness

- *Chronic (Long -Term) Homeless* (Minnesota Housing Finance Agency):
- Persons, including individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years.

Prevalence

- Chronic homelessness in Minnesota has increased by nearly 27 percent since 2014. (HUD's Point-in-Time Count of People Experiencing Homelessness study 2015).
- Proportion of the homeless older adults age 55 and older nearly doubled in Minnesota between 2009 and 2015 (Wilder Foundation).



- 9% of single homeless individuals are aged 55 and older (Wilder Foundation).

So What?

- Chronically homeless population have higher mortality and morbidity rates compared to the general population.
- Older chronically homeless adults experience the geriatric syndrome (physical impairment, hearing and visual loss, frailty, and incontinence) 10-15 years earlier then housed seniors.

Setting

- *Catholic Charities (CC) of Saint Paul and Minneapolis* provides social services to homeless individuals and families in the Twin Cities.
- Social Services include emergency shelters and food to homeless people, housing programs, such as housing first, transitional housing, and permanent and housing, as well as case management program.

Case Management

- Catholic Charities case management focuses on housing stability and placement with emphasis on the arrangement, coordination, monitoring, and delivery of services related to housing needs and improving housing stability.

Significance

- Half of medical expenditures for the homeless individuals accounts for emergency room use.
- The lack of regular medical care and uncontrolled chronic conditions along with premature aging, contributes to increases in healthcare costs.
- Studies have shown that a housing and case management services for chronically homeless adults help reduce the social cost of homelessness by keeping residents out of acute care services, shelters, and the correction system.



Study Objectives

- To examine the role of the case manager as an important component of social services delivery, specifically for the older adult homeless population.
- To identify most common reasons for why people became homeless later in life and what are the major barriers for re-housing for older adults from the different age groups.
- To explore the gaps in services provided to the older adult individuals who are homeless.
- To make recommendations for organization performance improvement.

Methods

- The study employed key informant interviews of case managers working with older homeless adults, followed by the selected chart reviews.
- The analysis of this study focuses on qualitative data (drawn from key informant interviews and client chart reviews) on several themes: housing related themes, public services delivery themes, and case management.

Initial Findings

- **Reasons for homelessness later in life:**
  - *Health issues and/or disability, loss of income due to loss of jobs or low income, financial abuse, death of life partner, lack of social support, drug or alcohol abuse.*

"The sagging stock market and rising cost of prescription drugs contribute to the decline of spendable income for many seniors. (Newsday November 2002)".

- **Major barriers to re-housing:**
  - *High rent*:

"This is a renter's market. The average rent in the Twin Cities is about $800.00 a month. Older adults living on SSI, or RSDI cannot afford to pay this high rent"

  - *Lack of knowledge of digital life/technologies*

"St. Paul Public Housing can only be applied for on line. No paper applications accepted. Job applications mostly are all on-line".

  - *Criminal or eviction history:*

" I had an 84 year old client, who was dying from tongue cancer. He had a large tumor on his neck the size of a baseball. He was having chemotherapy and was sleeping on the floor at the Dorothy Day Center with a tube in his chest and a catheter. Not one nursing home would accept him even for hospice care because of a ten year old criminal history".

  - *Long waiting list for public/subsidized housing*:

"In the metro area there are about 8 years of waiting list for the Section 8 Voucher program, and up to 12-18 month for the housing authority building, or for senior subsidized apartments".

  - *Group Residential Housing program (GRH) is not beneficial for most seniors (income goes toward housing, food, and personal $97 cash):*

"It is common for the 65+ homeless older adults to not want to give up their income in order to live in GRH housing. Most people prefer to keep the money they earned over their lifetime and live in a shelter".

- **Quality improvement suggestions:**
  - *More education on Dementia and Alzheimer's, more language services recourses, and transportation services.*

Conclusion

Older homeless need a complex and coordinated system of care. Case managers play a key role in assisting clients with the development of social relationships and social ties, and a range of housing options with easy access to services. More research needed to inform policy makers on existing barriers to re-housing for older homeless individuals.