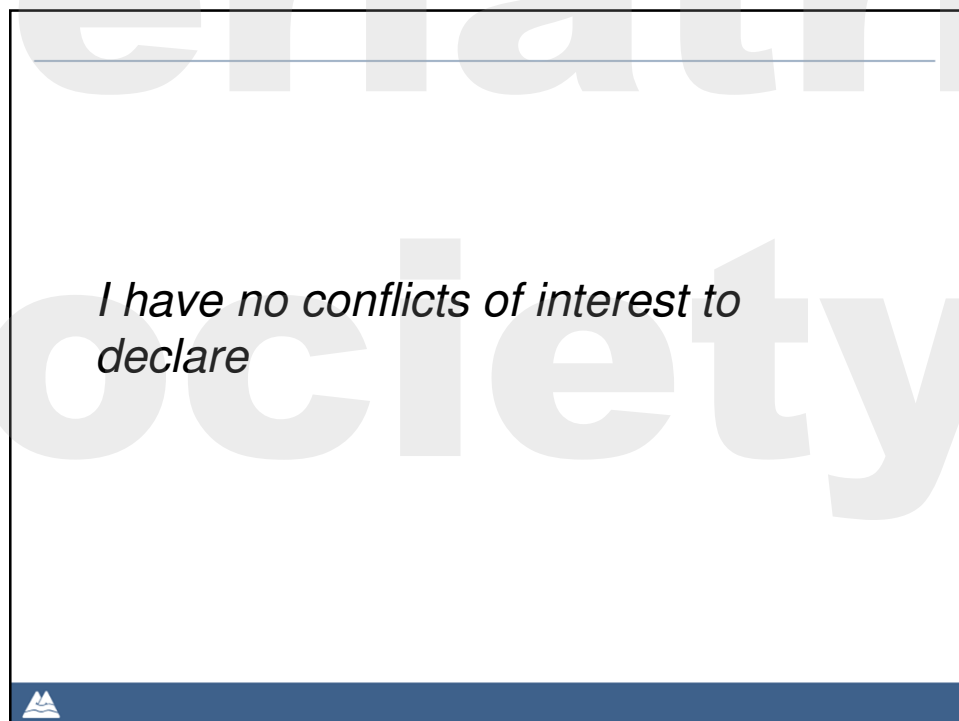


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Objectives

Be able to:

1. *Understand the scope of the crisis of homelessness facing older adults*
1. *Describe the reasons for and ramifications of an aging homeless population*
1. *Understand the equity implications related to homelessness*
1. *Describe what policy changes are needed and steps that can be taken to advocate for and support elders as they age*



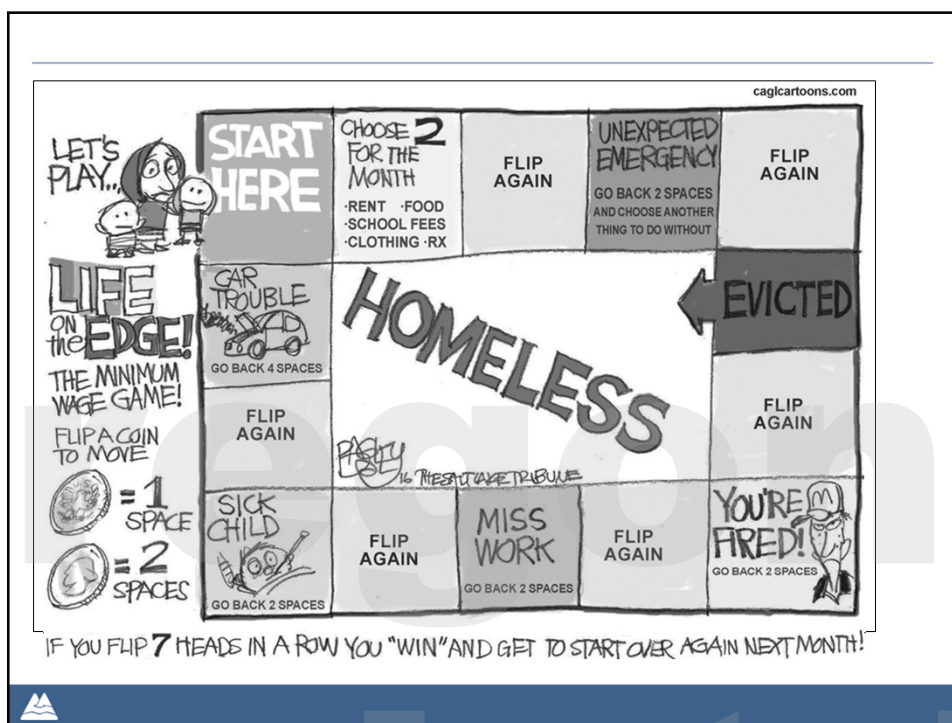
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Broad conceptualization of homelessness

- **Generally:** *People without enough income to meet their housing cost burden.*
- **Transitional:** *People experiencing a transient period of homelessness, often due to a life event.*
- **Chronic:** *People with (1) serious underlying disability(ies) and (2) multiple episodes of homelessness and/or homeless for over a year*
- **Compounded by:**
 - *Mental illness, substance use disorder, disability, domestic violence, justice system involvement*



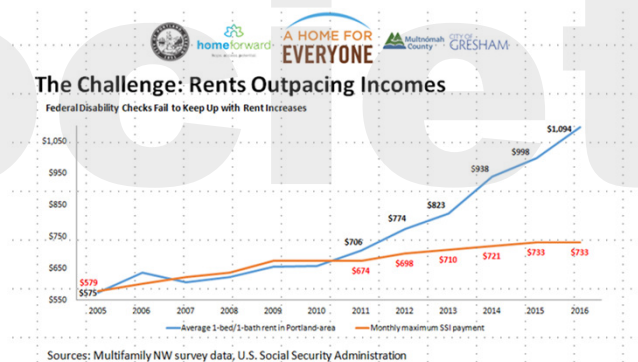
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For older adults

- Maximum SSI payment in Oregon is \$794/month
- Average SSDI income is \$1,500/month
- Average rent for a studio apartment in Portland metro area is \$1,245/month



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Strategies to address homelessness

- **General strategies**
 - Prevention - best approach overall
 - Shelter - ideally brief, transitional, service connection
 - Permanent housing
- **Supportive housing is the best long-term solution for chronic homelessness**
 - Deeply affordable
 - Intensive wraparound services
 - Last PIT count (early 2019) - 2,037 unsheltered
 - Doesn't include sheltered
 - Severe disabling conditions (often behavioral health)
 - Older
 - Things have worsened since 2019



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Coordinated Access

- When vulnerable populations need housing, they are serviced via the Coordinated Access list
- Problems of defining who is the “most vulnerable”
- Always a bias in favor of families with children
- Failure to prioritize elders, also Black, Indigenous, and other people of color
- Over 1,000 seniors on the Coordinated Access list in Multnomah County



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We were already at a crisis point pre-COVID-19

- Adults over 50 are the fastest growing segment of the homeless population by age group.
- Across the US, half of homeless adults are 50+ (compared with 11% 30 years ago)
 - Almost half of these are first time homeless.
- In Multnomah County's most recent Point In Time count (2019), 23.8% of homeless people were 55 and over
 - A 15% increase from 2 years ago, and expected to continue to increase



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The Consequences

- Homeless age an average of 3-4 x faster than housed counterparts
- People in their 50s display the geriatric difficulties of housed people in their 70s-80s
- Mortality rate is 3-4 x higher than the general population
- Chronic health conditions are exacerbated
- Mobility issues make it difficult to navigate the streets and services
- Isolation
- Unable to store medications, take medications
- Trauma and stress - physical and psychological
- Susceptibility to violence



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And it's only worsened with the pandemic

Housing instability was exacerbated by the pandemic, making it difficult to keep up with rent

- Seniors who were working lost their jobs
- Expenses increased and new expenses like grocery delivery and transportation were incurred
- Congregate shelters decreased their census
- Eviction protections have been in place, but are due to expire



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Equity Impact - Everything is Much Worse

- People of color are more likely to be homeless due to profound impact of centuries of structural and systemic racism.
 - Housing a primary mechanism for building wealth
 - Discriminatory housing policies
 - Redlining
 - Predatory lending
 - Segregated neighborhoods
- People of color more likely to have underlying serious physical disabilities due to lack of access to healthcare and other services.
 - Impacts of Covid-19 disproportionately fell on people of color.
- Homeless seniors age 3-4X faster than their housed counterparts. It's even faster for people of color.
- Coordinated Access is not equity-based.



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"Housing is Healthcare"

- Mortality
- Emergency Department utilization
- Chronic health conditions
- Trauma - physical and psychological
- Stress
- Sleep
- Hygiene
- Mental health



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What's needed?

- **Prevention**
 - Long term rent assistance
 - Assistance with accessibility
 - In-home services, coverage by Medicaid/Medicare
- **Shelter**
 - Shelters that accommodate needs of elders
 - Case management services!
- **Permanent housing**
 - Supportive housing
 - Village model
 - Change Coordinated Access criteria
- **General**
 - Medicaid to cover housing as healthcare.
 - Change coordinated access priorities.
 - Increases to SSI and SSDI
 - Increase HUD budget for Housing Choice Vouchers. Currently only 1 in 4 who need a voucher get one.



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So what can I do?

- Attending this conference and learning about the scope of the problem is a great step!



- **Advocate individually and organizationally:**
 - Testify/write at local, state and federal level
- **Submit op-eds/editorials about what you see and experience - stories matter!**



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Questions?

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