

Promoting Aging in Place and Reducing Older Adult Homelessness

Through Supportive Housing Partnerships with

Program of All-inclusive Care for the Elderly (PACE)



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Sacramento Convention Center

Promoting Aging in Place and Reducing Older Adult Homelessness Through Supportive Housing Partnerships with PACE

OVERVIEW

What is PACE?



Examples of
supportive
housing
partnerships with
PACE



Broader overview
of supportive
housing and
homelessness
trends



Case study of
supportive
housing with
St. Paul's PACE



Takeaways



Panelists



Linda Trowbridge
CEO
Center for Elders' Independence



Simonne Ruff
Director
Corporation for Supportive Housing



Cheryl Wilson
CEO
St. Paul's PACE

Moderator



Peter Hansel
CEO
CalPACE

California PACE Association (CalPACE)



- Formed in 2007 as a 501(c)(6) association
- First state association of Program of All-inclusive Care for the Elderly (PACE) providers
- Through education and advocacy, CalPACE strives to support and expand the PACE model and promote high-quality health care services to California's seniors

What is **PACE**?

Program of All-inclusive Care for the Elderly

- A fully integrated care program for adults age 55 or older living with chronic illnesses or disabilities
- Coordinates and provides comprehensive services to enable seniors to live independently at home or in the community for as long as possible, including all acute care services and long-term services and supports
- Provides all care and services covered by Medicare and Medi-Cal as well as other services that are medically necessary through an integrated team of health care professionals
- Fully capitated and at risk for providing all services

Program of All-inclusive Care for the Elderly

Comprehensive Services for the Frail Elderly

- Preventative Care
- Primary Care
- Medications
- Acute Care
- Long-term care, including nursing facility when needed
- Transportation
- Home care / Personal Care
- Meals
- Social Services

Capitation Funding (per member per month)

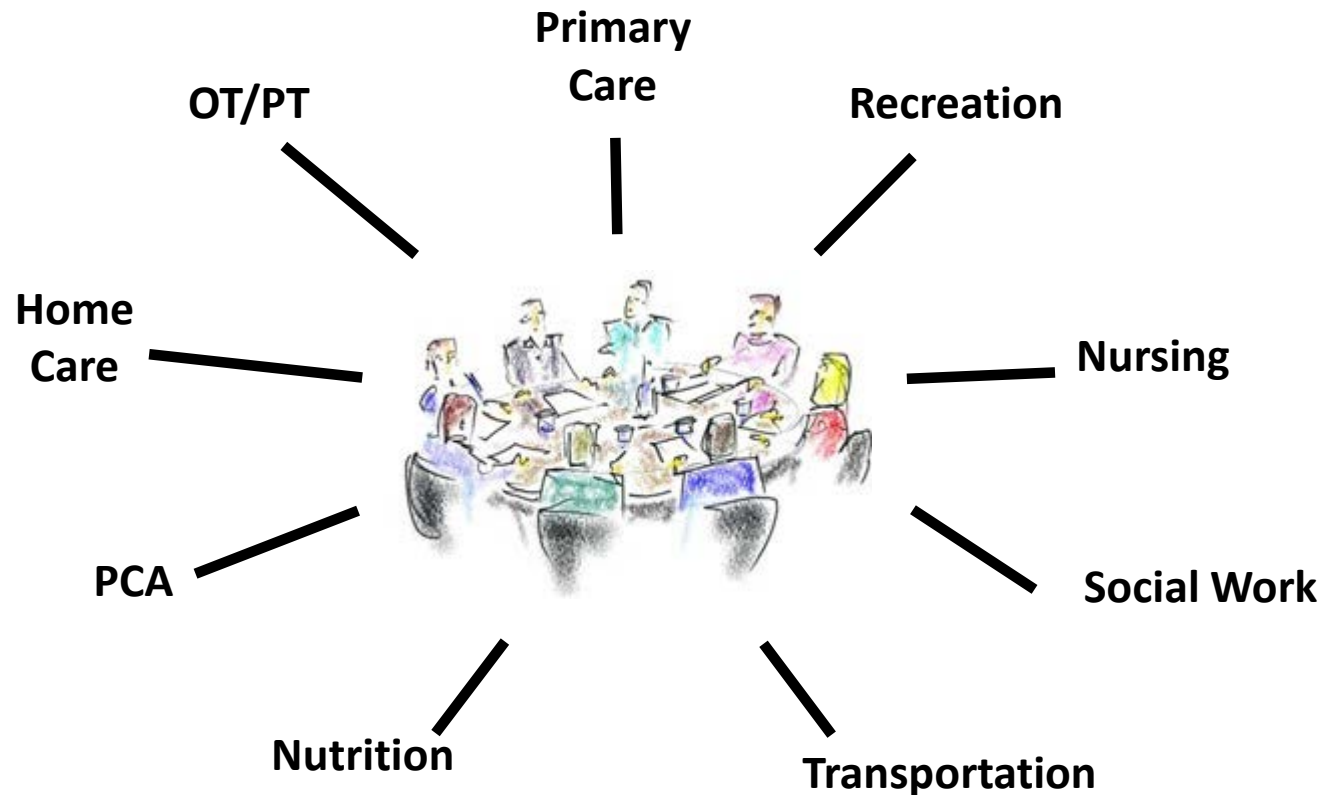
- Combines Medicare, Medicaid, private funds
- Program has full financial risk (with no carve-outs)

Alignment of Care Needs and Financial Interests

- Monitors elders closely – takes action early to maintain health, control cost

Interdisciplinary Care

Interdisciplinary teams assess need, deliver, and manage care across settings:



Settings

- PACE Center
- Home
- Acute Hospital
- Nursing Home

Eligibility



Persons are eligible for PACE if they meet the following conditions:

- 55 years or older
- Resident of PACE service area
- State-certified to need nursing home level care
- Can live safely in community at time of enrollment

PACE Participant Profile



- Average age: 76 years
- Percent dually eligible: 79%
- Percent with Alzheimer's, dementia: 40%
- Average number of ADLs: 3.5
- Average number of medical diagnoses: 18
- Average Medicare risk score: 2.31
- Percent Residing in Community: 96%

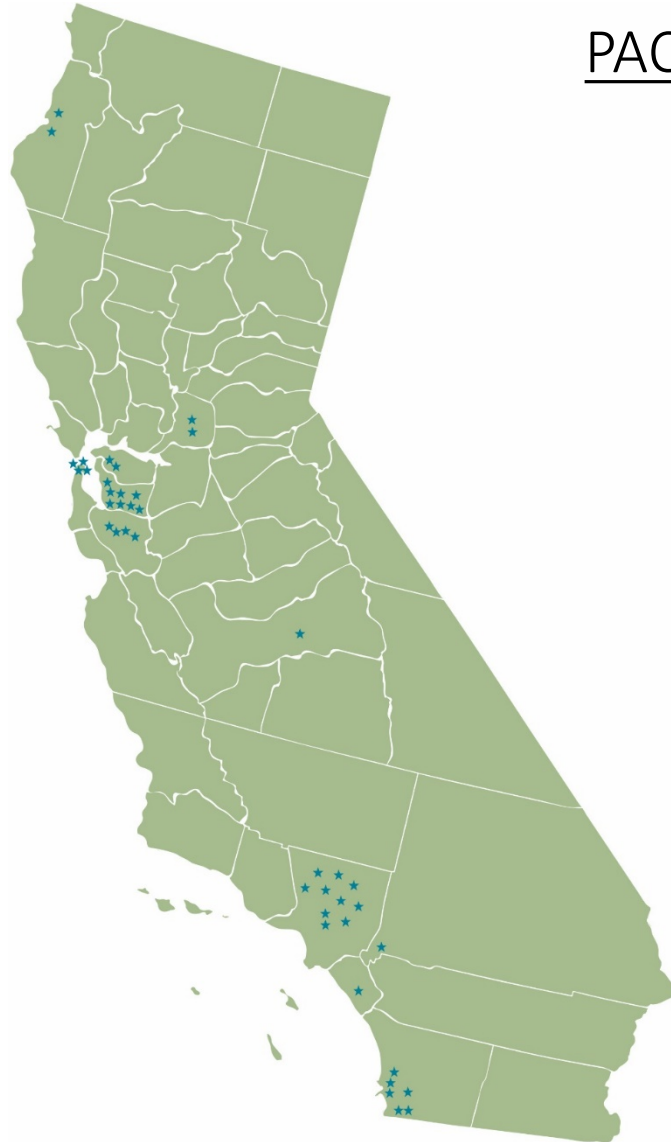
CalPACE Providers

Presently, there are 11 PACE provider organizations in California.



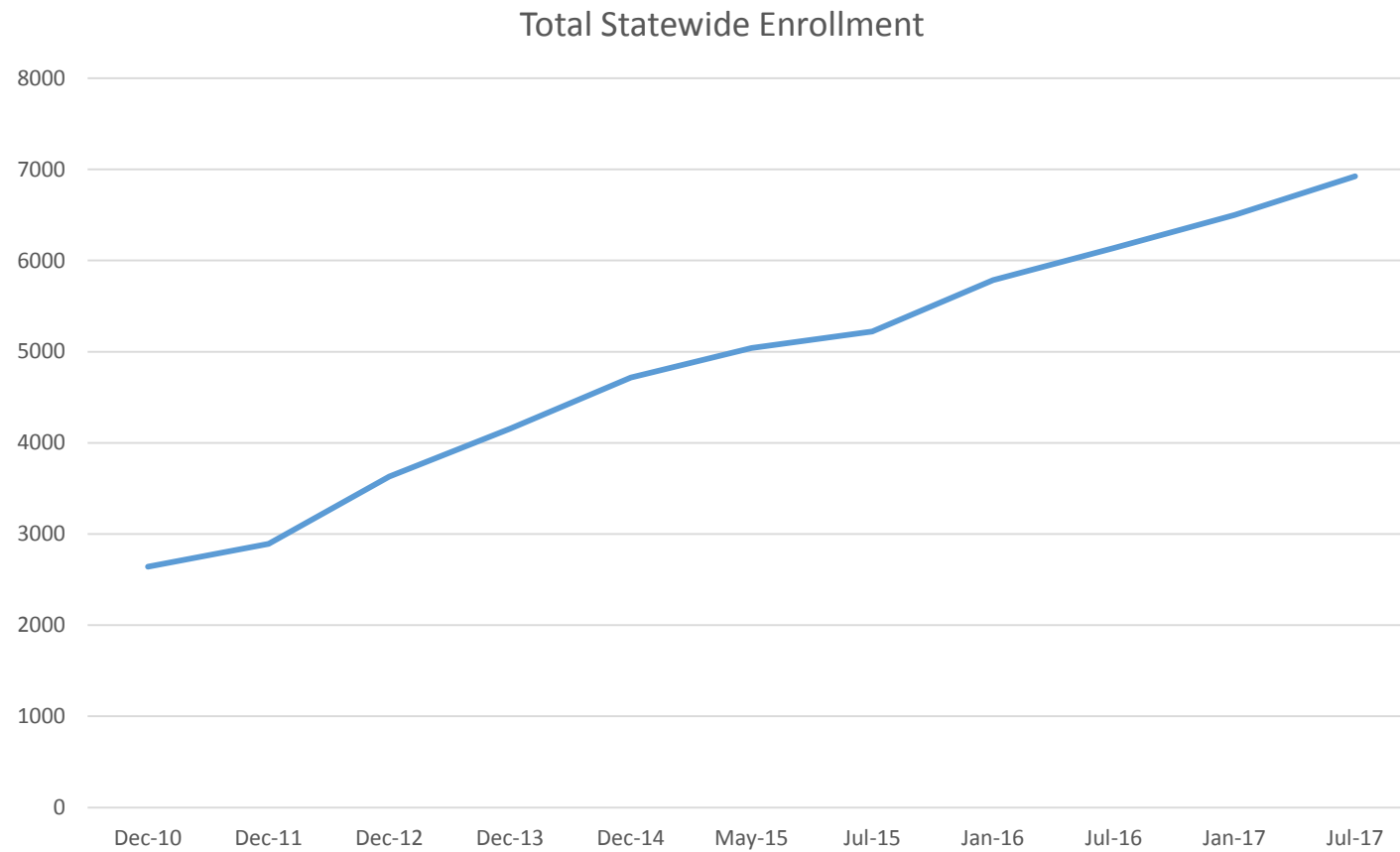
CA Counties Served by PACE

PACE is in twelve counties throughout California



Alameda
Contra Costa
Fresno
Humboldt
Los Angeles
Orange
Riverside
Sacramento
San Bernardino
San Diego
San Francisco
Santa Clara

PACE Enrollment Growth in California

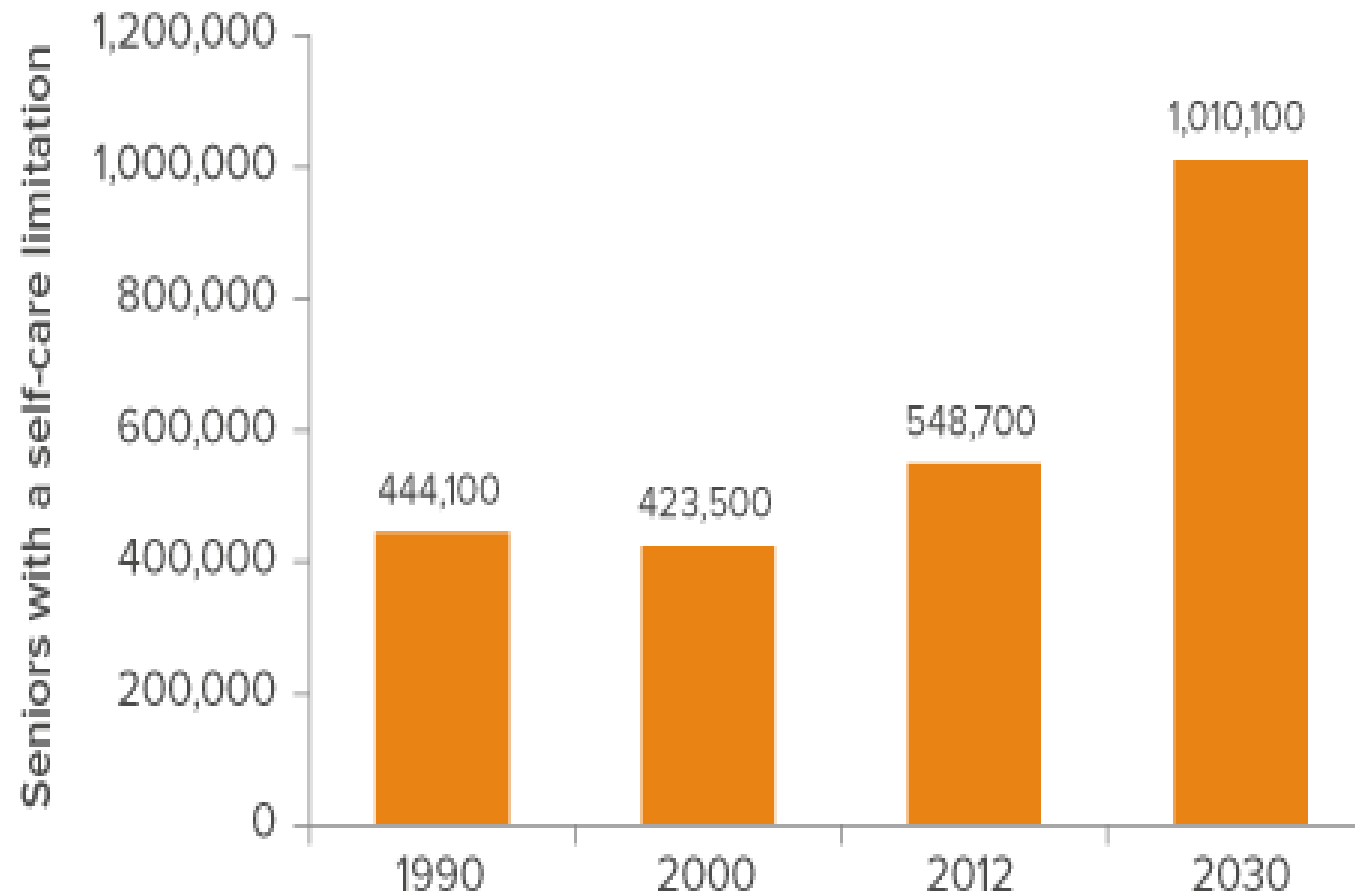


Why is interest in PACE growing?

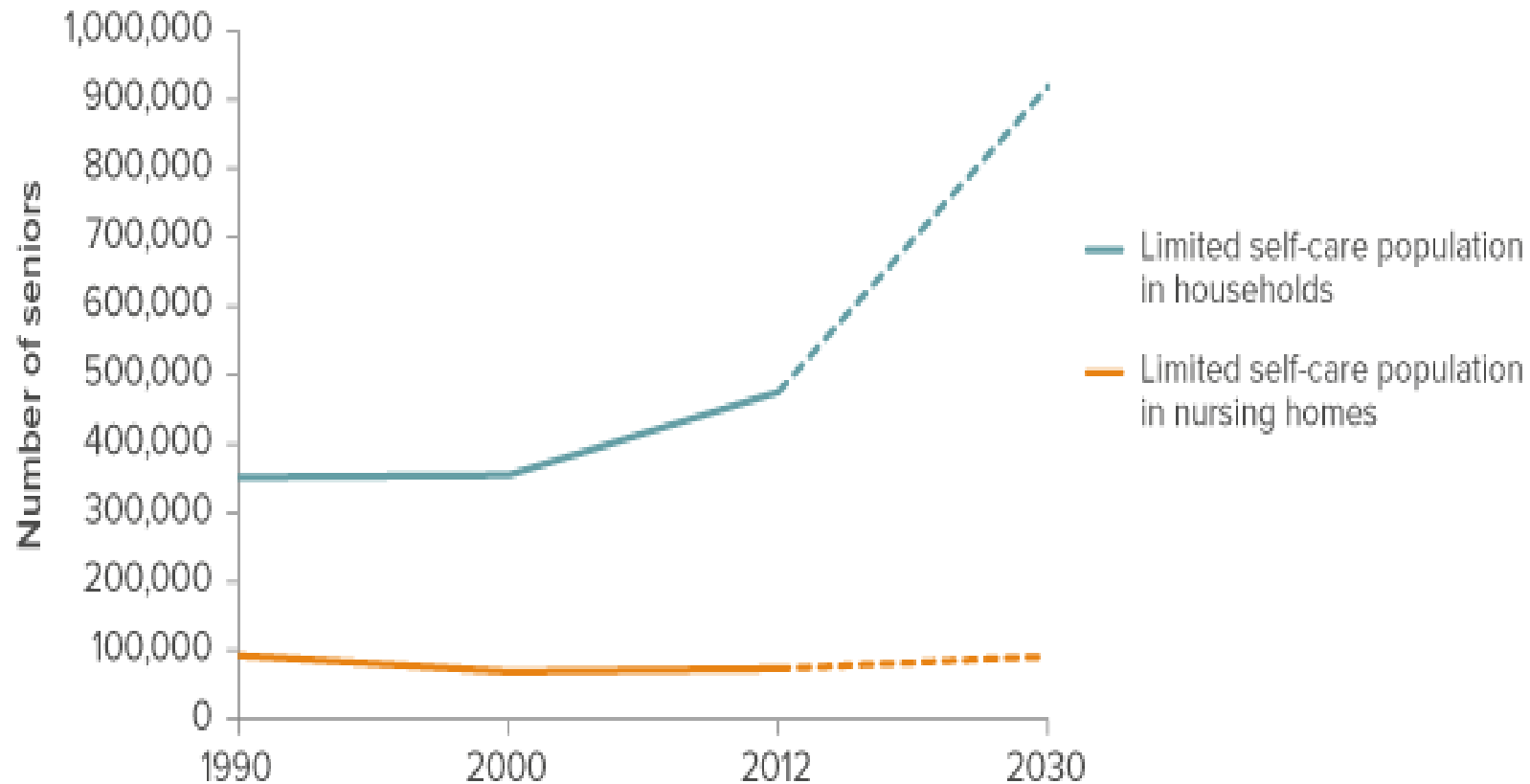
- Need for community based care solutions for older population with complex needs
- Disproportionate costs of serving higher need populations in Medi-Cal
- Limited home and community based care options

The number of seniors facing difficulties with self care will almost double by 2030

Public Policy Institute of California, 2015



Most seniors with self-care difficulties will be living at home



PACE Outcomes

- 100% of participants have a medical home
- Hospital and ER utilization comparable to general Medicare population
- Very low rate of voluntary disenrollment
- Over 90% of participants are very satisfied with their care and close to 90% would refer a close friend to the program

CMS PACE Pilots - Potential Populations

- Adults with physical disabilities
- Individuals Age 21+ with intellectual and developmental disabilities
- Severe and persistent mental illness
- Substance use disorders
- End stage renal disease
- Elderly Medicare beneficiaries at risk for nursing home care



Linda Trowbridge
Chief Executive Officer

Could PACE Be a Partner for Providing Service Enriched Housing?

- Provides all necessary health, social, behavioral and long-term care needs
- Comprehensive assessment and care planning
- Proven competency and track record
- Community based
- Adaptable – can provide some or all services needed by residents



Why Partner with PACE for housing?

- Addresses social determinants of health care: Transportation, nutrition, housing stability
- PACE program pays for medical/social needs, but does not usually provide funding for housing
- Enables residents to be better tenants and to remain safely in the community

PACE – Senior Housing Partnerships

Assisted Living and Skilled Nursing

- Referral relationships
- Contracts for services
- PACE services complement those provided by independent, assisted living facility or SNF
- Resident receives personal care service through assisted living provider; receives skilled nursing and personal care services through nursing facility provider
- PACE retains responsibility for participants who transition from independent living to assisted living or SNF, or from assisted living to SNF

Examples of PACE - Senior Housing Partnerships Active Living

- Co-location of PACE Centers and senior and affordable housing communities
- Set-asides of housing units for medically frail residents
- Enrollment of senior housing residents in PACE
- Arrangements between senior housing providers and PACE organizations for provision of services

Mable Howard Apartments Berkeley, CA



- 40 Unit Section 202 Property
- Co-located with a federally qualified health center (FQHC) and the CEI Berkeley PACE Center

Active Senior Living Partnership

Coronet Center San Francisco, CA



- 150 Unit Low-Income, Residential Housing Complex for Seniors
- 53 Units Designated for seniors with chronic conditions
- PACE Center operated by Institute on Aging and On Lok

Active Senior Living Partnership

The Californian Fresno, CA

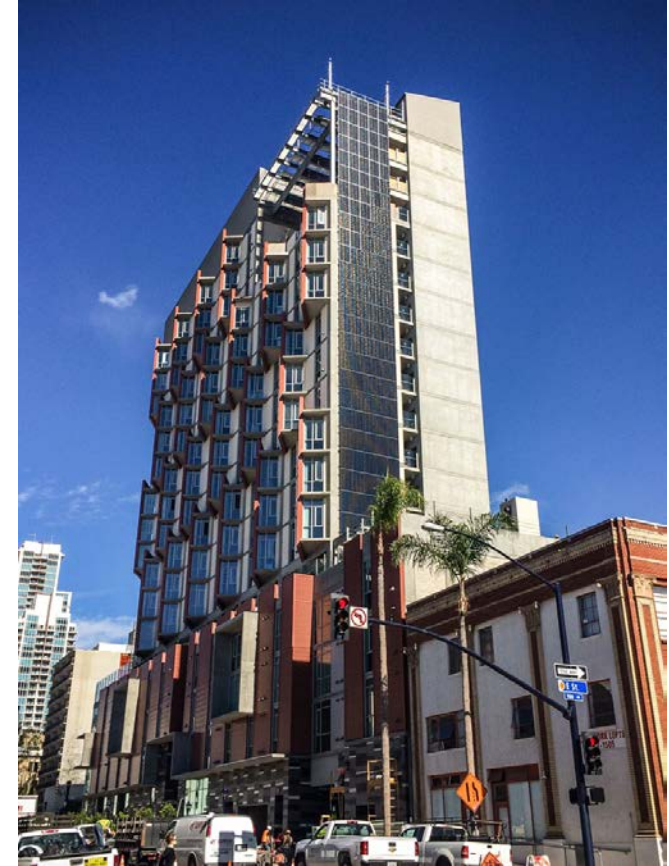


- 217 Unit Section 8 Housing
- Social Worker on site
- Co-located with Fresno PACE Center

Active Senior Living Partnership

Celadon at 9th and Broadway San Diego, CA

- 250 unit affordable housing complex
- 100 units set aside for supportive housing
- 63 of those units set aside for participants with chronic medical conditions



Active Senior Living Partnership

Cottonwood Place

Eden Housing

Freemont, CA



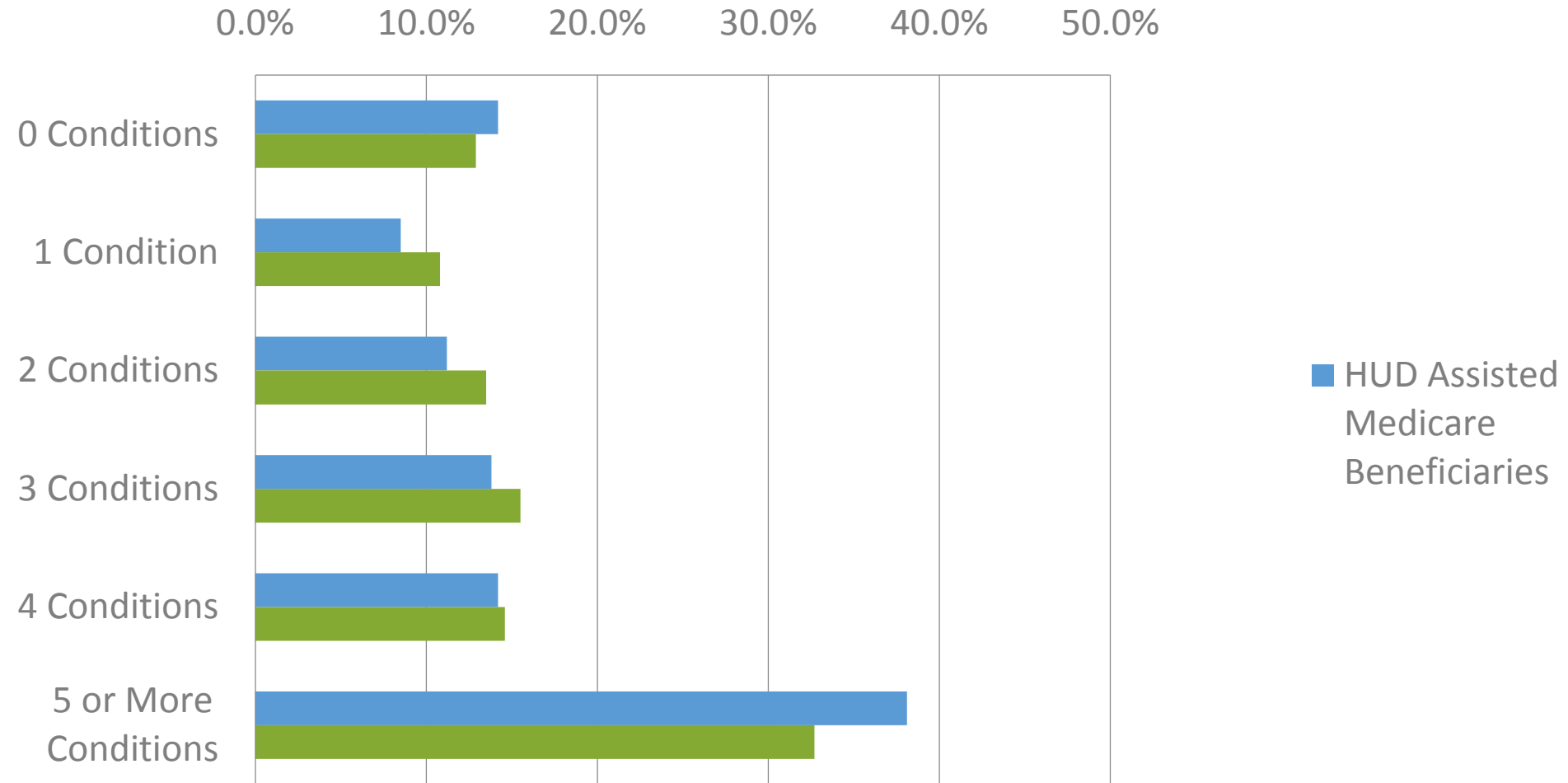
Active Senior Living Partnership

- HUD 202 Supportive Housing for the Elderly Program and the Low Income Housing Tax Credit Program
- 98 new affordable apartments for low income seniors
- Co-located with On Lok Lifeways PACE Center

Why is Service Enriched Housing Important in Senior Housing?

- Senior housing residents growing older and more frail
- Twice the prevalence of disability as their home owner counterparts
- One-third have difficulty with routine activities
- 12% have cognitive impairments
- Almost 40% of older Section 202 residents are over age 80
- Absent access to care management and community based services, many at risk of nursing home placement

Prevalence of Chronic Conditions in HUD Assisted Individuals (Age 65+)



Source: Picture of Housing and Health: Medicare and Medicaid Use Among Older Adults in HUD-Assisted Housing
<http://aspe.hhs.gov/daltcp/reports/2014/HUDpic.shtml>

Seniors Aging Safely at Home (SASH) Model

- Developed by Cathedral Square in Vermont to help facilitate aging in place
- Person-centered care
- Utilizes multi-disciplinary team, service coordinator and part-time wellness nurse
- Contracts with community based providers
 - Home health agency nurse
 - Area Agency on Aging
 - Community mental health providers
 - PACE

Outcomes of Service Enriched Housing Models

- Lower transfer rates to higher levels of care such as assisted living or nursing home facilities
- Fewer emergency room visits and hospital stays
- Better management of chronic diseases
- Better care transitions
- Improved medication management and adherence
- Improved physical functioning
- Improvements in mental health
- Reduced incidence of falls
- Enhanced physical activity
- Improved nutrition
- Reduced isolation
- Improved sense of security





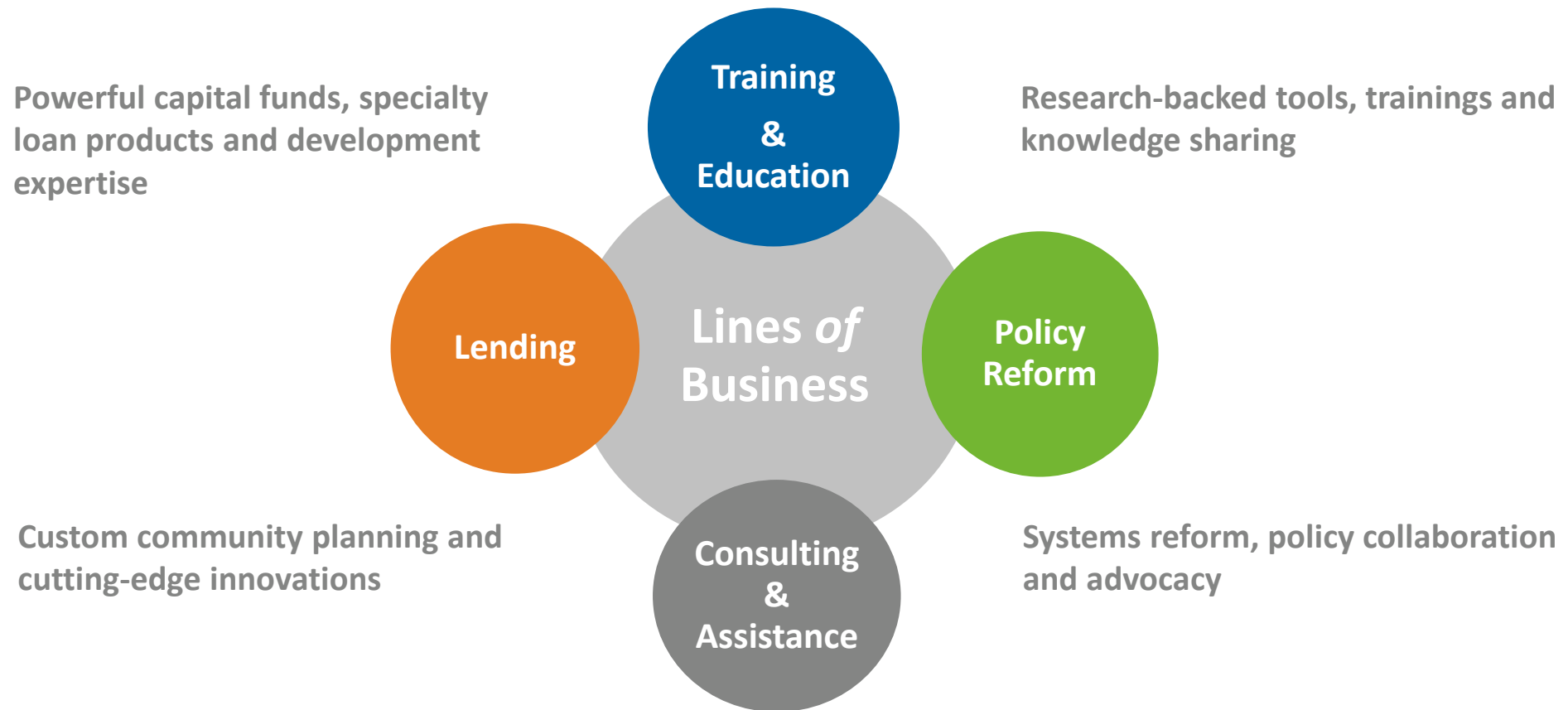
Simonne Ruff
Director

Improving Lives



What We Do

CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.



\$600 Million In Loans & Grants



200,000
Homes
Created



40,000
Families
Housed



120,000
Jobs
Created



Lowered costs &
improved health
outcomes for fragile
individuals & families

Economic Impact

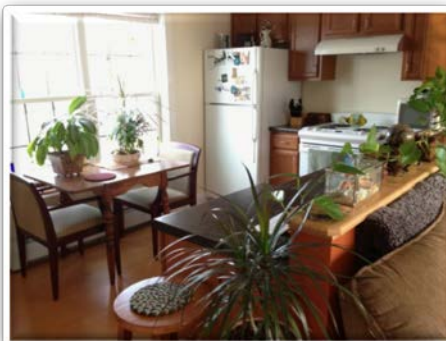
\$40B



1200 Loans
3000 Grants
300 Communities

High Quality Supportive Housing

A variety of housing models exist with common factors including:



Located in within safe neighborhoods with close proximity to:

- **Transportation**
- **Employment opportunities**
- **Services**
- **shopping, recreation and socialization.**



Tenants have a lease identical to those of tenants who are not in supportive housing.

Services are voluntary and consumer-driven. They focus on ensuring that tenants can obtain and thrive in stable housing, regardless of barriers they may face.



The housing and its tenants are good neighbors, contributing to meeting community needs and goals whenever possible.



Supportive Housing is the Solution

- 80% of supportive housing tenants are able to maintain housing for at least a year
- Use of the most costly (and restrictive) services in homeless, health care and criminal justice systems declines when living in supportive housing
- Supportive housing tenants choose to participate in services even when they are not a requirement for tenancy

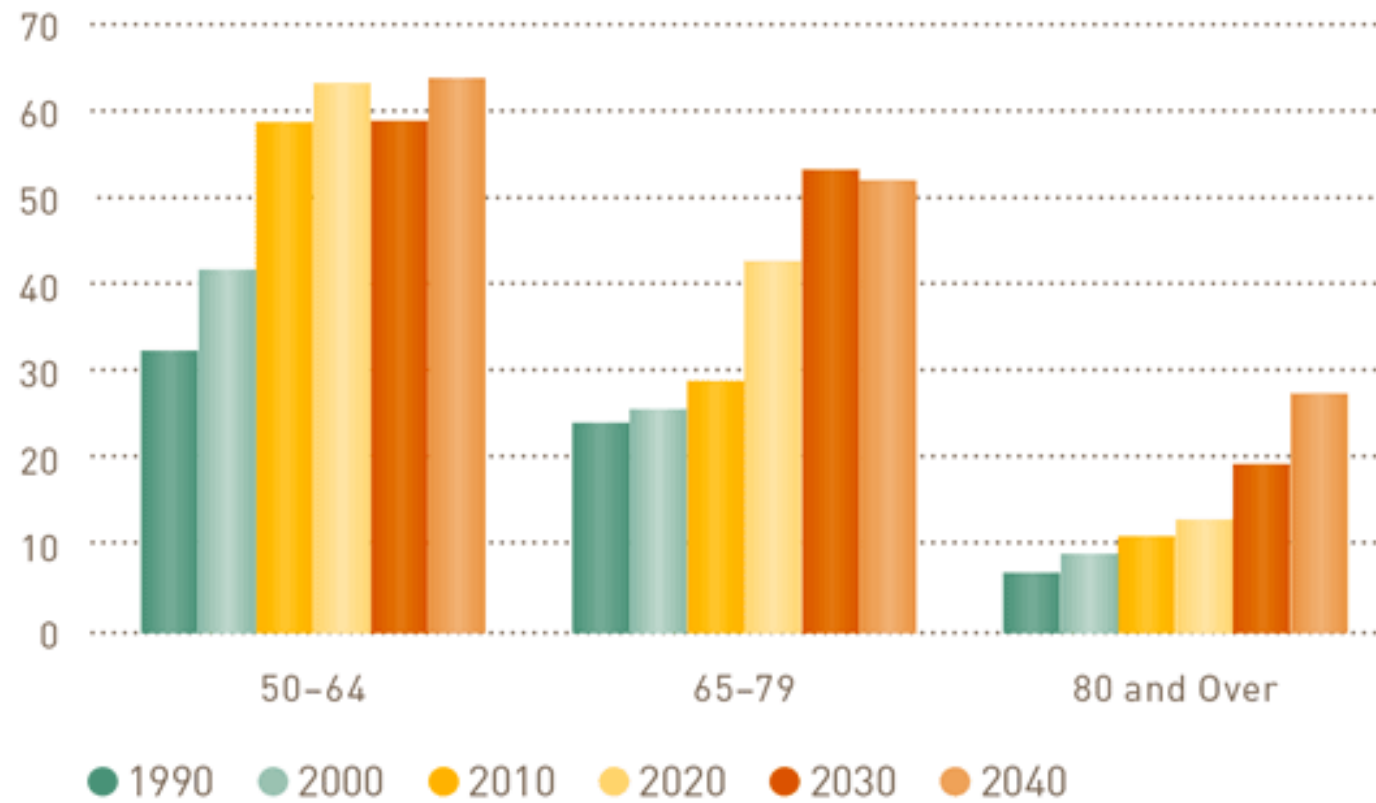
Homeless Older Adults and PACE



The Aging Population - National Trend

The Older Population Is on Track to Increase Dramatically

Population by Age Group (Millions)

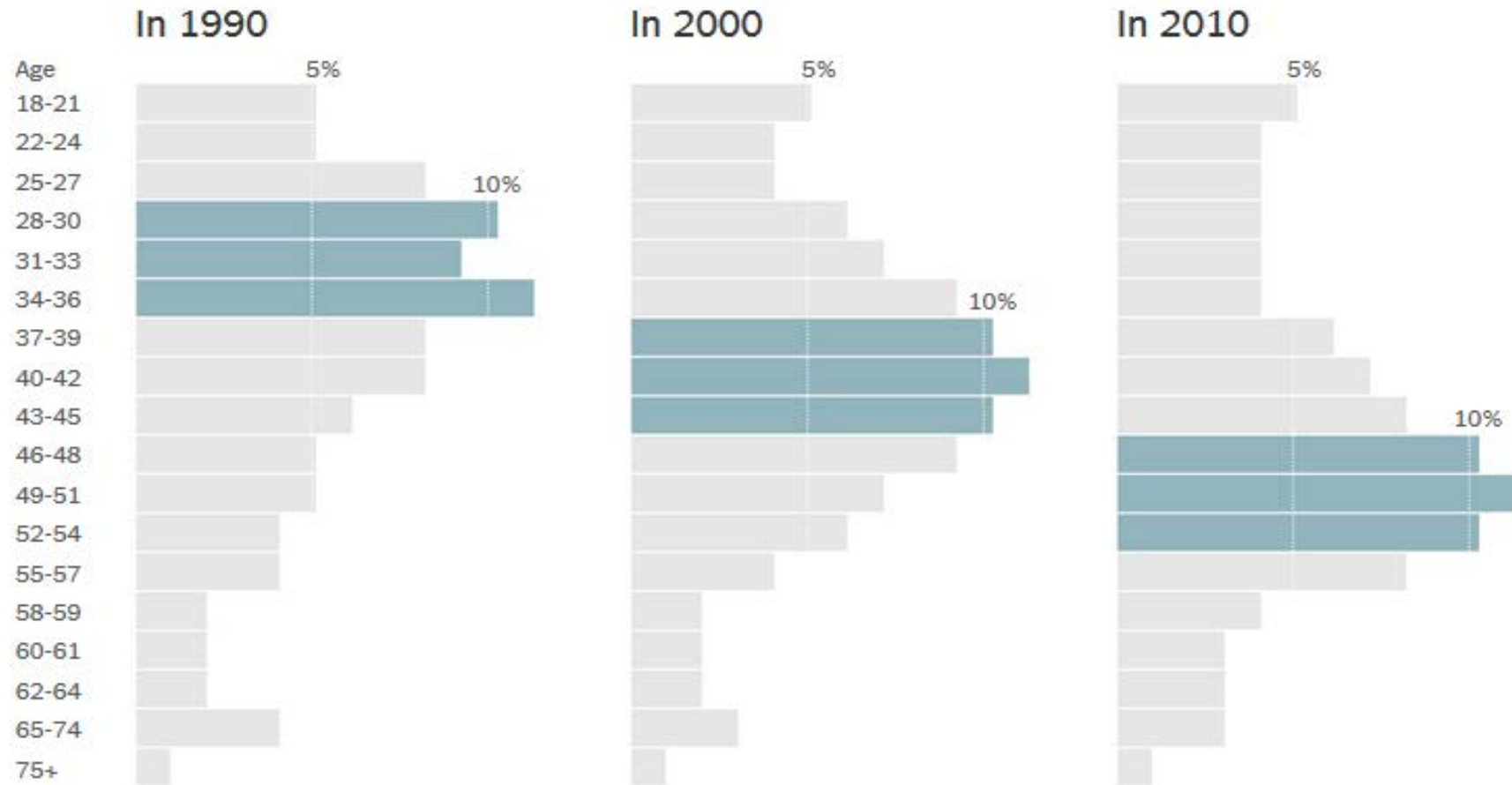


Source: US Census Bureau, Decennial Censuses and 2012 National Population Projections (middle series).

The Graying of America's Homeless



% of Older Adults in Homeless Shelters



Sources: Dennis P. Culhane, University of Pennsylvania; U.S. Census Bureau Decennial Census Special

By The New York Times

Source: Culhane, Metraux and Bainbridge, The Age Structure of Contemporary Homelessness, 2010

Supportive Housing for Older Adults

- The average age is increasing for people who are homeless
- Homeless older adults are almost 4 times more likely to have a chronic medical condition than adults under 50
- Older homeless adults are more likely to suffer from cognitive impairments and many have co-occurring mental health or substance abuse issues

Housing Options

- Affordable housing combined with an array of comprehensive services is the first step in stabilizing physical and behavioral health.
- For example, pairing PACE and affordable housing is an innovative approach, based on “mainstream” health resources.
- Pairing PACE with Project Based Section 8 combines deeply affordable housing with wrap around support services.
- Coordinated Entry focuses on housing some of the most vulnerable homeless seniors – those who are “nursing home eligible”

PACE - Effective Service and Housing Strategies for Seniors

- Provide comprehensive services that emphasize coordination and accessibility
- Understand the needs of homeless older adults
- Help tenants navigate systems and access benefits
- Allow tenants to “age-in-place”
- Plan for medical and cognitive decline
- Plan for the end of life



Cheryl Wilson, RN, MA, LNHA
Chief Executive Officer

St. Paul's Senior Services



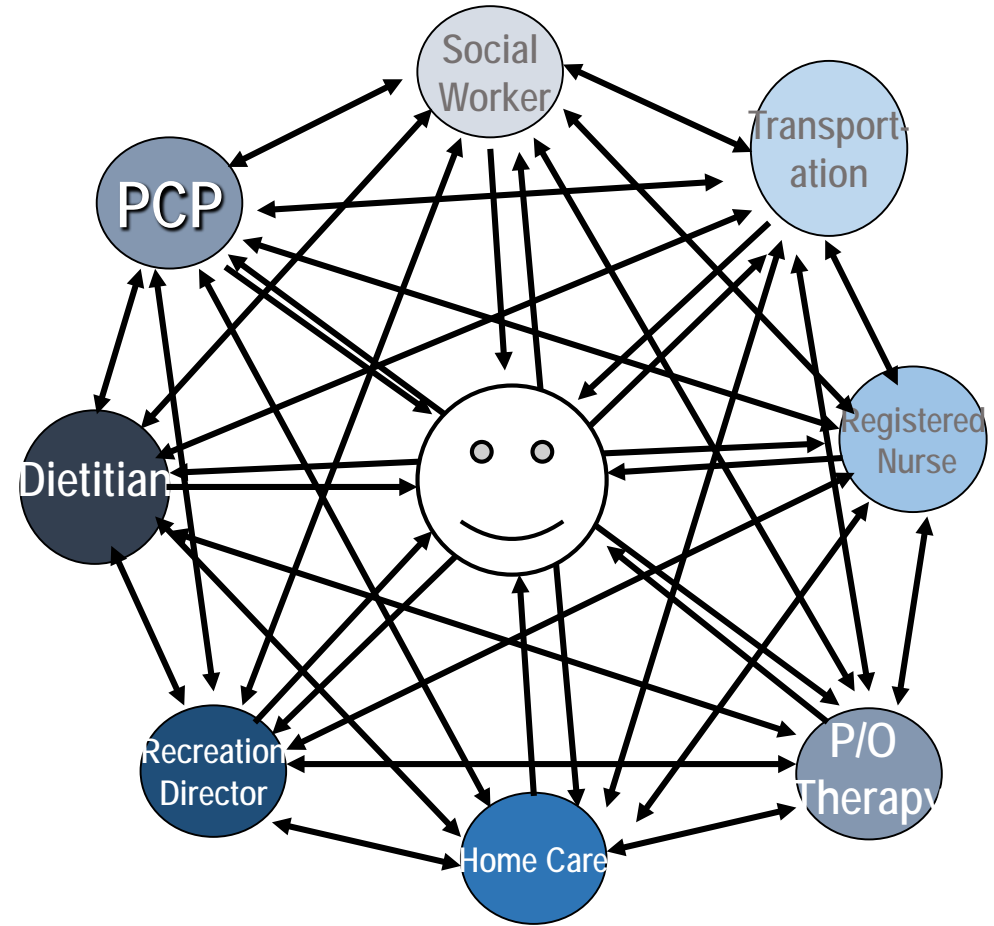
- Nonprofit organization for seniors in San Diego County
- Array of housing and service programs
 - Independent housing
 - Assisted living
 - Skilled nursing
 - Memory care
 - Intergenerational day care program
 - Program of All-inclusive Care for the Elderly (PACE)



Program of All-inclusive Care for the Elderly (PACE) Services

PACE services include:

- Transportation
- Social support
- Primary Doctors
- Medical Specialists: Dentists, Podiatrist, Behavioral Health, Optometrist, Cardiology
- Nursing care
- Medications and med management
- Physical and Occupational therapy
- Home care: cleaning, laundry, shopping
- Day center care, recreational program and meals
- Dietary counseling and support



Services are provided as needed and approved by the Interdisciplinary team

Housing With Services Provided by St. Paul's PACE

St. Paul's PACE commitment

- ▶ Homeless Seniors
- ▶ At Risk Homeless Seniors



Homeless Older Adults – San Diego



- 3,700 adults age 55+ on the streets of San Diego (40% of total homeless population)
- San Diego apartment vacancy rate > 3%
- Average cost of studio in San Diego \$1,529/month

PACE Problem

- Effectively Homeless
- Sub-standard Housing

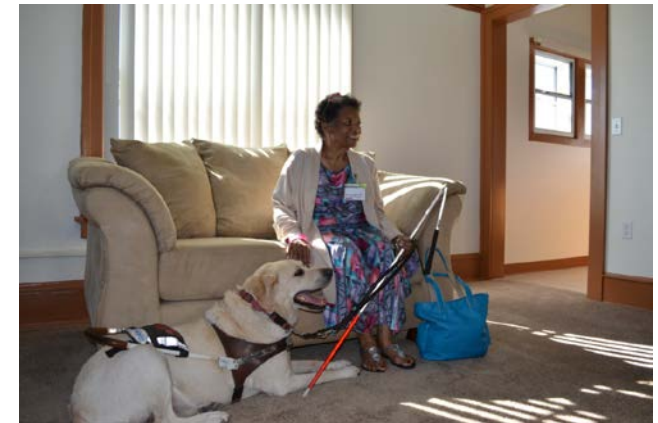
Impact on Healthcare

- No Health without Housing

Housing Partners



- Corporation for Supportive Housing
- San Diego Housing Commission (Housing Authority)
- Bridge Housing Corporation
- Wakeland Housing and Development Corporation



Parker-Kier



- Front St., San Diego
- Opened November 2013
- 11 apartments for PACE Participants
- Developer: San Diego Housing Commission/Housing Development Partners



Celadon



- Downtown San Diego
- Opened May 2015
- 63 Studios
- Mostly new enrollees
- Referrals from community agencies
- Developer: BRIDGE Housing



Talmadge Gateway



- City Heights, San Diego
- Opened May 2017
- 59 Studios
- Mostly new enrollees
- Referrals from San Diego Coordinated Entry System
- Chronically Homeless
- Developer: Wakeland Housing and Development Corporation



Talmadge Gateway



FUNDRAISING

- Furniture
- Soft Furnishings
- Supplies
- Food

Talmadge Gateway First Resident



Integrating Housing & Health



Challenges, Successes, and Lessons Learned

- Application Process
- Moving In
- Making it a Home



Service Planning

- PACE Enrollment
- Admissions entry system
- Mental Health and Substance Use
- Coordination with Property Management
- Planning for Improved Health
- PACE reimbursement

SUPPORTIVE HOUSING OUTCOMES



CHALLENGES

- Mental Health
- Substance Abuse
- Multiple Chronic Diseases

SUPPORTIVE HOUSING OUTCOMES



○ **Improved:**

Physical /Mental Health
Activities of Daily Living
Community Integration
Cognition
Activity Engagement

○ **Reduced:**

Unnecessary hospital/ER visits
Police/ambulance intervention
Service needs
Depression



Connecting with Housing Agencies and Housing Developers

- Local Housing Authority
- Meet and Greet with key affordable/supportive housing organizations
- Homeless Partners/Continuum of Care / Coordinated Entry System

OUTCOMES



- 133 Senior now housed
- Permanent Housing – Not Transitional
- Recidivism 2%
- Hospitalizations/ER Visits Reduced by 73%
- Mental Health issues reduced
- Family reunions

Connecting PACE with Housing Partners

- PACE Services:
 - Existing developments
 - New developments
- Co-locating services and housing
- Understanding the affordable/supportive housing “pipeline”
- Working with developers – architects

**“THERE IS NO HEALTH
WITHOUT HOUSING”**



Takeaways

- ✓ PACE can be an effective partner to help provide service enriched housing
- ✓ CalPACE member programs are available to discuss your needs and service arrangements that meet the needs of your residents





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