

Catholic Charities serves those most in need.
We are a leader at solving poverty, creating opportunity, and advocating for justice in the community.

Older Adult Services



Agenda

- Why Catholic Charities?
- Demographics of the Age Wave
 - Poverty & Aging
 - Elder Homelessness
- Overview of Current Older Adults Program with assessments and resources
- Questions



The Strategic Position of Catholic

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Charities

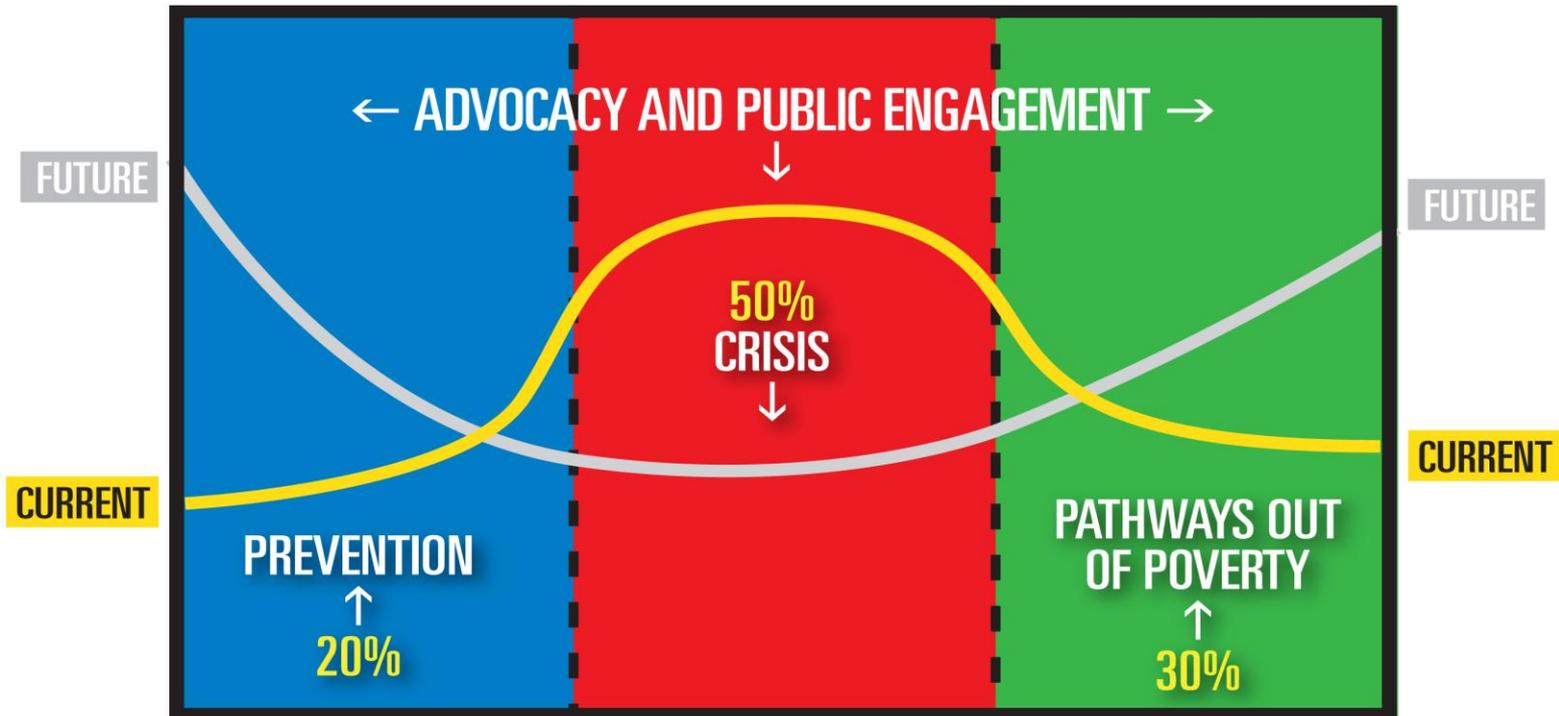


CATHOLIC
CHARITIES
of St. Paul and Minneapolis

STRATEGIC POSITION

We Cannot Serve Our Way Out of Poverty

A Call For a New Civic Compact to Flatten the Crisis Bell Curve



- Greater emphasis on advocacy, public engagement and partnerships
- Community-wide increases in economic and social opportunity and reduced need for crisis services
- Allowing more investment in prevention and pathways out of poverty

Deeply Held Beliefs

- **Catholic Social Justice Teaching:**
 - Human Dignity, Option for the Poor and Vulnerable, Community and the Common Good, Rights and Responsibilities, Solidarity
- **Elders and those with disabilities are our society's most vulnerable individuals; deserving of our compassion, service, respect and dignity**



Catholic Charities' Elder Strategy

Older Adults are able to remain safe and have stable, appropriate housing.

This requires supports for:

- Housing
- Health
- Income adequacy
- Social/Community Connections
- Infrastructure: e.g. Transportation
- Care Coordination



State-Wide Demographic Shifts

The Age Wave is upon us - 10,000 new people turn 65 each day in the USA!

- 76 per day in Minnesota!

Between 2010 and 2030, the number of Minnesotans over 65 will double from 307,000 to 777,000.

- 21% of MN population



2013 Poverty Line for 65 +

What does “*living in poverty*” mean?

- U.S. Census Bureau’s Federal Poverty Threshold (FPT)
- Elder Couple \$14,081
- Elder Single: \$11,173



FPT Hides Elder Income Inadequacy

- Soc. Sec. lifts over a quarter million older Minnesotans (barely) above “poverty line”.
- Nationally, almost half of single elders depend on Social Security for 90% or more of their monthly income.
- The average Social Security benefit was \$1235 a month (110% of the FPT)



Income Inadequacy and Aging

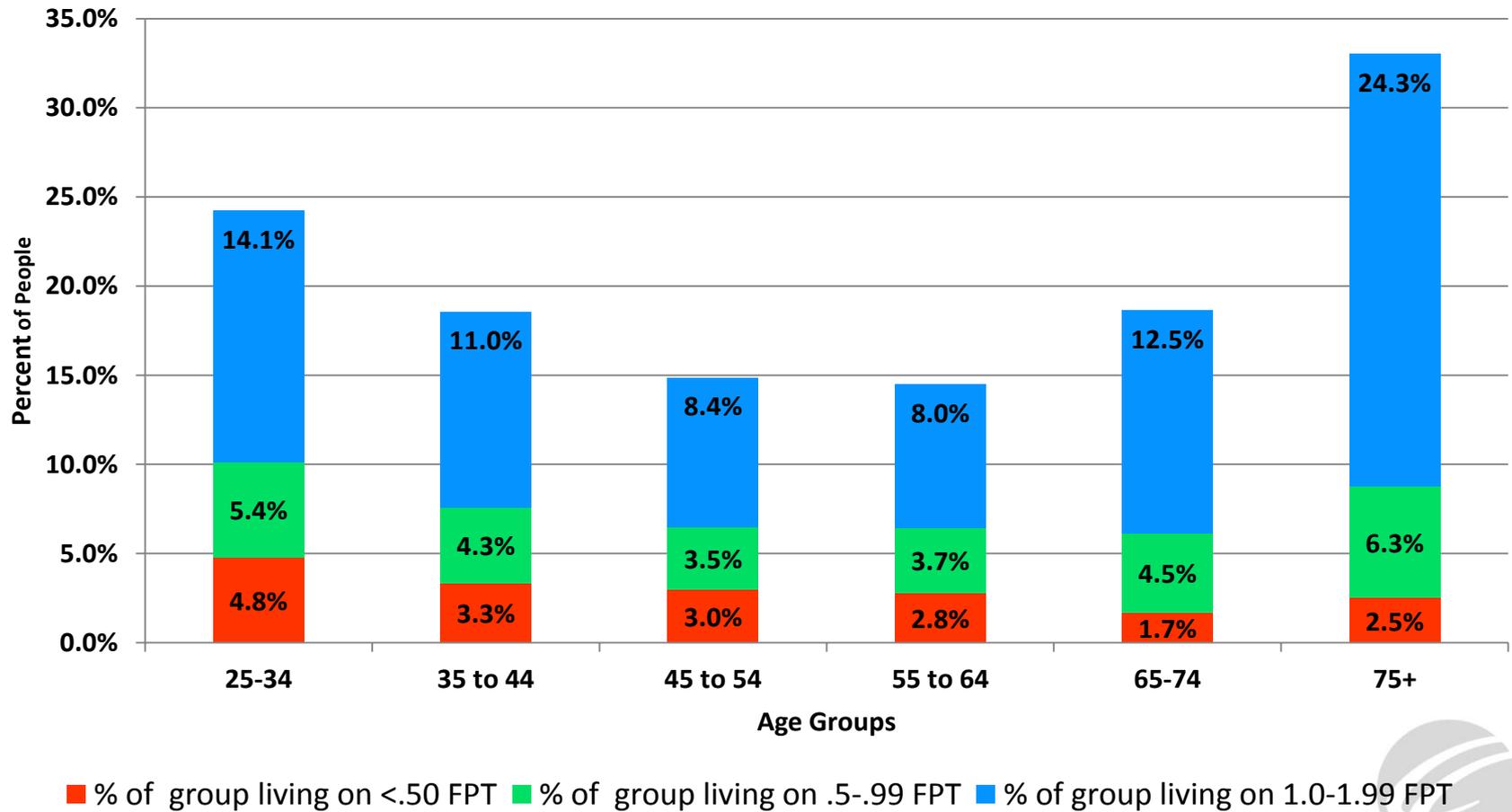
- Elder Index of 2013-
 - MN Seniors require \$21,864 per year to **minimally** meet basic needs. (195% of FPT)
 - The median income of MN seniors = \$17,050. (153% of FPT)
 - Income Gap to provide basic needs = \$4,836.
- AARP - 1/3 of all seniors will spend down into Medicaid (set at 100% of FPT)



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2012 Ratio of Income to FPT by Age



2013 Poverty & Aging in Greater MSP

An estimated:

- 24,970 elders living on incomes < 100% of FPT
\$931 *or less* per month
- 60,489 elders with incomes 100% to 200% FPT
- Total 85,459 elders living on < 200% of the FPT.
\$931 to \$1,862 per month.
 - **1 out of every 4 elders in the region.**



Elders and Housing Instability

- HUD – Renters are unable to afford their housing (“cost-burdened”) if they pay more than 30% of monthly income on Housing.
- Average monthly Social Security payments = \$1,235 (132% of FPT)
(Our clients who get SS - \$740/month)
- To afford housing, rent must cost no more than \$371 per month.



Housing Affordability

- Very few elders can afford a one bedroom market rate apartment in Greater MSP. (HUD= \$736/month).
- To afford this market rate 1-bedroom apt, an elder would require \$2,453 monthly (263% of FPT)



Homelessness = the Most Extreme Form of Poverty

- HUD = Homeless are “Elder” at 55.
 - Adults living on the street = 20 year shortened longevity due to the harsh conditions.
 - 777 people 55+ counted as homeless – Wilder’s 2012 survey.
 - A 48% increase from 2009.
- 51% of Top 100 shelter users at Dorothy Day were 55+ - CC’s 2013 count



Homeless and income-less

Wilder's 2012 Homeless study

Monthly median income among all homeless single adults

– Metro	\$381
– Greater MN	\$403



Impact in FY 2014

- 1,887 elders served
- 1,825 older adults successfully age in place, staying safe and in stable housing
- 85 homeless elders assisted, 33 obtain housing, 32 maintain housing



Strategic Focus

Prevention

- Care management for elders in poverty to help stabilize, maintain and coordinate housing, healthcare and community resources through an integrated care model
- Advocacy for individual clients and all elders through partnerships and educating the community and legislative stakeholders



Strategic Focus (part 2)

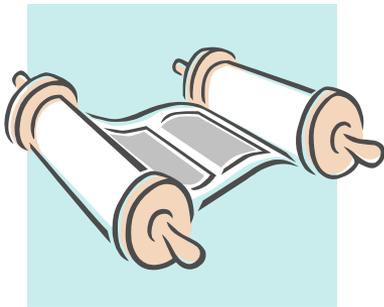
Crisis

- Intensive care management of homeless elders who have fallen through the safety net and are have lost their homes, income, relationships and health



History of Homeless Elders

- Started in 2008 with a grant from Stephen's Square Foundation
- Past funding from Mardag Foundation and City of Minneapolis
- Expanded to Hennepin Co. in 2010
- Currently funded by Catholic Charities



Intensive Case Management

- 1 staff in Minneapolis
 - Health Supported Housing at Exodus
 - Outreach to community from Opportunity Center (waiting list)
- 1 staff in St. Paul
 - Outreach to Mary Hall and Dorothy Day Center (waiting list)
 - New “Revision” Strategy – Top 28



Did you know?

- Homeless Shelters are a drop off spot from hospitals, psych units, and other institutions for homeless elders
- Story of Ruth – 72 year old woman to be dropped off to Dorothy Day from a geriatric psych facility. Intervention took 80+ hours, 73 phone calls, 39 emails and extensive paperwork including collaboration between 11 people, 19 agencies across state lines.



Did you know? (part 2)

- Homelessness is TRAUMATIC.
- “a very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a **very long time**”
- What can we expect from those experiencing trauma: black-out state, reactive, disorganized/erratic behavior, unawareness of other people, rapid shifts in emotional state, difficulty making decisions, fight/flight/freeze
- Trauma is contagious due to neurobiology.



Intake, assessment and referral

- Long Term Care Consultation modified to needs of Homeless Elders and a person centered care plan
- Establish primary care with a community clinic, Health plan enrollment
- Renew or apply for social security, Medicare, state ID, medical assistance, elderly waiver, SNAP etc...
- Identification of barriers to housing and stability with support to remove, and/or find housing that will work with barriers





Health Care Issues

- Lack of primary care (utilizing ER instead of clinics)
- Unaddressed medical issues: Diabetes, Hypertension, Arthritis, Depression, Anxiety, Substance abuse, Dental issues
- Magnified age-related health issues due to stress, lack of stability Ex. Difficulty managing medications and appointments due to the focus on day-to-day survival



Health Care issues



- Delayed surgeries and medical procedures due to lack of place to recover
- Poor/no transitions of care planning
- Vulnerable to medication and property theft and violence
- Shelters lack the capacity to meet the needs of medically complex clients (Ex. a place to store oxygen, a nebulizer, refrigerator for insulin etc.)



Housing Stability Issues

- Lack of housing availability (0% vacancy rate for low-income housing, average waitlist times of 1-2 yrs.)
- Eligibility requirements to rent a market rate apartment are rising.
- Past UD's (court evictions)** , criminal history, low income, lack of rental history



Types of Housing Options

- Market Rate- private market apartments, also senior specific market rate housing (rent at senior buildings is higher)
- GRH- Group Residential Housing
 - often dorm style with a private room and meals provided (also the way many AL's rent is paid)
 - Rent is total income minus \$95 personal needs money



Housing Options

- Subsidized- either a Sec. 8 voucher (transferrable) or
- site-based building where all units are subsidized (not transferrable). Rent is 30% of income.
- *Senior Specific housing gives more options to apply for, but also may have more restrictive requirements due to their vulnerable population



Housing Stability Issues: Criminal Records

- Very common issue - 55% of current case load have criminal records
- Criminal records, being online and public, really do not go away after time. A misdemeanor or felony from as far back as the 1970's can still follow someone and prevent them from obtaining housing.
- Expungement is difficult.



Housing Stability Issues: Criminal Records (part 2)

- Most senior housing has the goal of protecting their vulnerable residents and do this by refusing to rent to those who have criminal histories
- Seniors who have been homeless for some time have a higher chance of having a criminal history related to homelessness



Resources

- Care Options Network
- Housinglink.org
- Handbook of the Streets
- United Way 211
- Minnesotahelp.info
- Bridging for furniture once placed
- Transitional housing (Exodus)
- Other waiver case managers and social service providers
- Lost or absent family members



Tips for Doing Housing Work

- Gather as much about the person's background as possible (housing, evictions, criminal history, income, credit), determine type of housing needed (level of care)
- Call housing providers yourself if there is any doubt that the client is able to do so, inquire about eligibility requirements, vacancies.



Tips for Doing Housing Work (part 2)

- Assist clients with the applications as much as possible. They are long! And often confusing!
- Go with client to meet the landlord if possible and assist with follow-up **Clients too often lose housing opportunities because the landlord cannot reach them when they are at the top of the list.
- Assist with appeal process if necessary.



Questions and discussion

- How can you get involved?

Advocacy Network

www.cctwincities.org/advocacy click on
Sowers of Justice

- Do you know the senior on your block?

