AGING RIGHT IN THE COMMUNITY

How the Integration of Case Management and Legal Problem-Solving Prevents Older Adult Homelessness

November 2016 Update

AUTHORS:

JoHanna Flacks, Legal Director - MLPB
Kip Langello, Program Manager - Elders Living at Home Program, Boston Medical Center
Samantha Morton, Executive Director - MLPB
Eileen O'Brien, Director - Elders Living at Home Program, Boston Medical Center

Medical Legal Partnership | Boston
RAISING THE BAR FOR HEALTH

Elders Living at Home Program
25 yrs
2,500 Lives Changed

Boston Medical Center

The Problem:

A subset of low-income older adults – those living with mental illness, substance use disorders, social isolation, interpersonal abuse, and/or physical limitations – face extremely steep challenges to housing stability.

Older adults are the fastest growing segment of the homeless population

Over the past twenty years, the median age of the homeless population has increased from 35 in 1990 to 50 in 2010[1]

Housing people saves money

Studies have shown that housing homeless individuals and providing them with services saves $10,000 per person per year in Medicaid and other costs & can save states up to $45 million annually[2]

Homelessness is shown to accelerate the aging process by 15 years

Homeless persons aged 50-65 frequently fall between the cracks of governmental safety nets: while not technically old enough to qualify for Medicare, their physical health, assaulted by poor nutrition and severe living conditions, may resemble that of a 70-year-old[3]

The Hypothesis:

By integrating a public interest lawyer into a case management team serving older adults, *Aging Right in the Community* (ARC) will measurably prevent elder homelessness and reduce its severity when it cannot be prevented.

The ARC Model:

1. **Strengthening the ability to detect and address housing instability risks:**
   A "primary care lawyer" is embedded within a team of case managers; this includes standing weekly meetings and "speed-dial, speed-email" access. With coaching from the lawyer on responsibilities, rights, and protections, most advocacy steps are successfully handled directly by the case managers. Consultation with an expert in eviction defense law is available to the case managers on-demand for complex situations.
2. **"Urgent Care" for complex legal problems:**
   A subset of clients facing acute or complex legal needs is offered free legal assistance through facilitated referral to legal specialists. Volunteers can access expert housing law mentors as needed.
3. **Systems change:**
   The team takes an upstreamist approach to analysis and advocacy to address policies and practices that are harmful to the ELAHP population — for example, promoting adjustment of housing program deadlines, the missing of which often represents (a) the first step toward older adult homelessness and (b) the first flags for a dementia diagnosis.

[1] National Health Care for the Homeless Council. (September 2013). Aging and Housing Instability: Homelessness among Older and Elderly Adults. In Focus: A Quarterly Research Review of the National HCH Council, 2:1. [Author: Sarah Knopf-Amelung, Research Associate] Nashville, TN: Available at: www.nhchc.org.

[2] McKim, Jennifer B. "Mass. to end placing of homeless in motels." The Boston Globe. 2 January 2013. Web. October 2015.

[3] National Coalition for the Homeless. (September 2009). Homelessness Among Elderly Persons. Factsheet Retrieved from http://www.national-homeless.org/factsheets/elderly.html.

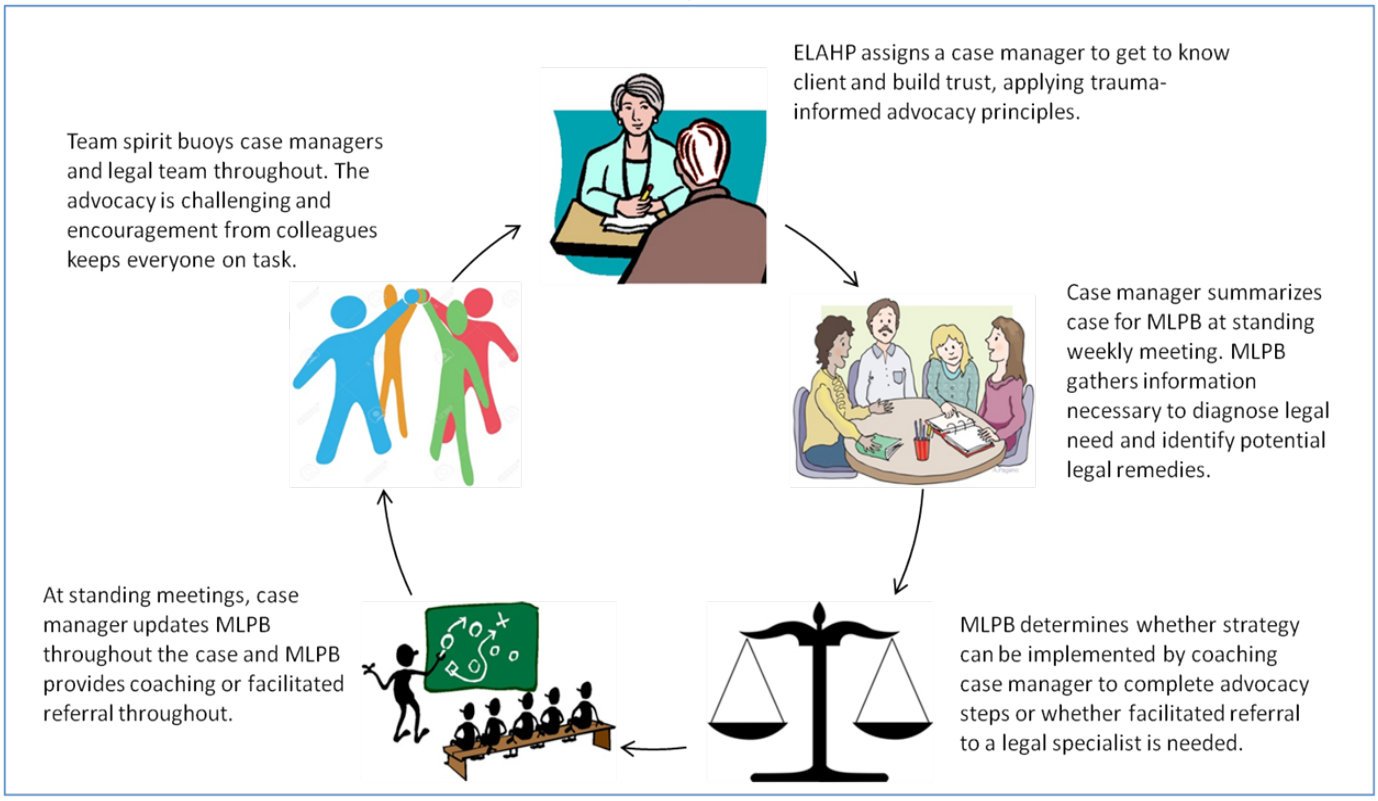
ANATOMY OF *ARC*

Elder who receives care at BMC gets a referral to ELAHP

Elder sees signs for ELAHP and self-refers

Peer agency learns about an at-risk elder and refers to ELAHP

ELAHP intake manager meets with client by phone or in person to determine if there is a match between the client's needs and ELAHP service delivery



ELAHP Case Managers meet frequently with clients to review high-stakes documentation and discuss strategies to help clients remain stably housed.

ELAHP Case Manager Laura Graham listens to an ELAHP client.

ARC Outcomes to Date:

Homelessness Prevention

- *Year 1:* 45 individuals served; homelessness prevented for **91%** of cases closed.
- *Year 2:* 70 individuals served (46 new in year 2, 24 from year 1); homelessness prevented for **93%** of cases closed.
- *Year 3*: 58 individuals served (29 new in year 3, 29 from years 1 & 2); homelessness prevented for **96%** of cases closed.
- Of the cases successfully resolved in year 1 and year 2, **96%** remained housed at the end of year 3.

Homelessness was prevented in 93% of all cases closed, and 96% of clients successfully housed in years 1 & 2 remained housed in year 3

"Laura helped me get my Section 8 back, and made certain I wasn't evicted. I had nowhere to go. You helped me not be afraid because I was alone"

Margaret, ELAHP client, age 78

Systems Change

- ARC was identified as a best practice in the *Blueprint for Ending Homelessness Among Older Adults* adopted by the MA Interagency Council on Housing and Homelessness (2013).
- ELAHP established the Boston **HELP (Homeless Elder Prevention) Task Force**, resulting in well-coordinated rigorous data collection and closer collaboration among Boston's many varied programs serving at-risk elders.
- MLPB worked to raise visibility about the eviction risk to the ELAHP population posed by new **smoke-free housing policies**. This has generated creative thinking among diverse stakeholders statewide who are actively collaborating to avert some of the eviction risk for this vulnerable population without undermining the competing public health goal of preventing second- and third-hand smoke exposure.
- Over time, we have observed local housing authorities more robustly acknowledge the reasonable accommodation rights of this population—even at the late stages of public/Section 8 housing eviction and subsidy termination processes. *A sample advocacy letter is to the right*.
- In Year 3, ARC contributed to an elder abuse prevention coalition convened by an area legal services organization. We authored an **issue brief focused on raising awareness about elder abuse by younger adult kin that mirrors intimate partner violence (IPV) dynamics**. The issue brief also calls for development of person-driven clinical practice and public policy approaches that better serve the needs of elderly victims confronting IPV-parallel abuse by younger kin.

SAMPLE LETTER

[Institution Letterhead]

Re: Ms. Tanya Tenant, CID #01234
567 Healthy Street, #89, Boston, MA 02134

Dear Administrator:

Thank you for considering the above-referenced elderly tenant's request for restoration of her Section 8 voucher as a Reasonable Accommodation of her disability. Ms. Tenant, a woman in her eighties (DOB 1/1/1932) has had a Section 8 voucher for 20 years. You mailed a BHA notice dated 3/1/15 to Ms. Tenant, which stated that she was going to lose her Local Housing Authority (LHA) voucher for failure to attend both a recertification meeting and an appeal hearing about her failure to recertify.

Because of her disability, Ms. Tenant became aware of this process only when a constable served her with a summons to court for eviction based on non-payment of rent. We are helping Ms. Tenant request a Reasonable Accommodation for her disability because the symptoms of her disability diminished her capacity to comprehend written material, complete the recertification process, and learn that she was scheduled to appear at an LHA appeal hearing

The Tenancy Preservation Project referred Ms. Tenant to us this week following her housing court appearance. Had we been involved sooner, we would have assigned her a case manager to assist her with recertification and avoid the issue she is confronting currently. I am now assigned as her case manager and will be assisting her with this process going forward.

Ms. Tenant did not complete the recertification process because her disability impacts her capacity to manage paperwork tasks, and this only is becoming more challenging as she ages since her disability is degenerative. She receives geriatric care and we are in the process of having her clinician provide documentation to support her Reasonable Accommodation request to reverse the appeal hearing default decision and reschedule the recertification meeting she missed due to her disability.

She will be submitting the Reasonable Accommodation medical verification paperwork shortly, but we wanted to let you know that paperwork is in process and on the way to you. We are hoping Ms. Tenant will be able to remain in her unit until this process is complete. But most importantly we want to make sure her Section 8 voucher is restored. Were she to lose her voucher permanently, she would be confronting homelessness as an elderly woman, and the only reason she lost her voucher is because her disability (which tends to deteriorate with age) necessitates help with paperwork tasks – help she did not have previously but does now through ELAHP.

Ms. Tenant is still able to care for herself physically and follow other tenant rules. Now that ELAHP is involved we will follow Ms. Tenant's case closely to make sure that despite her diminishing capacity to manage paperwork on her own, she fulfills all the documentation requirements of the program as she has up until the past recertification deadline.

Please let us know if there are other steps we should take in this regard, and whether we should submit this request to additional people on the LHA team.

Sincerely,

Cameron Case Manager [PHONE, EMAIL, ADDRESS]

Best Practices:

Extreme Case Management
Successful "extreme" case managers are committed to meeting the clients where they are, even if it requires "high touch" support. They have excellent interpersonal skills, solid problem-solving ability, and they are resilient and creative.

Legal "Gym"
A weekly case review meeting that includes both case managers and a generalist lawyer who serves as advocacy coach; issues are spotted, and problem-solving strategies plotted. In addition, case management and legal partners communicate as needed throughout the week to make collaborative decisions.

On-Call Specialists
Lawyers with relevant expertise provide mentoring on hot topics beyond generalist proficiency. Ensure that generalist legal coach and volunteer attorneys tackling complex cases get adequate mentoring, and are both trauma-informed and culturally dexterous.

Challenges and Opportunities:

Healthcare and Human Services Community

- Adding a **mental health professional** to the team to help address the significant and untreated mental illness among homeless and housing-unstable older adults.
- Tackling **elder homelessness as the health issue it is**, and getting the **healthcare system to acknowledge this**. Some states are getting Medicaid waivers to pay for housing and housing-related services.
- Understanding **how elder abuse impacts housing stability** for this population, especially less researched dynamics between parents and adult children – many of whom have mental health and addiction challenges of their own.

Public Interest Law Community

- Embracing **tiered legal advocacy**, e.g. allowing case managers to advocate for their older adult clients in role-appropriate ways. The Tenancy Preservation Project in Massachusetts housing courts is a terrific example of progress in this direction. The fact that courts hear from non-lawyer advocates only at a judge's discretion deprives many unrepresented elders of the benefit of lay advocate/case manager support when they need it the most.
- Moving toward a **state-wide housing court system** in Massachusetts and beyond.
- Encouraging the public interest law community **to deploy its resources more preventively** through training, coaching, and back-up in an interdisciplinary team context, in balance with the traditional focus on litigation.

Broader Systems and Communities

- Confronting **structural inequities including the racial wealth gap** that undermine the capacity of families of color to weather financial crises and leverage a nest egg to support their financial needs as family members age.
- Revisiting the **lack of affordable housing stock** for people across the age and health continuum; while recognizing that the deficit is especially large for those people who need **disability-related housing features**.
- Utilizing **"house calls"** across disciplines, a commitment exemplified by ELAHP's *Extreme Case Management* approach.

Interested in building ARC in your community? Key tips:

It's all about integration – a more intensive structure than "collaboration" or a referral relationship. With integration, professional support goes both ways and maximally successful advocacy strategies depend on careful communication and deep input both from the case management partners and the legal partners.

- Housing stability often is related to serious underlying physical health, mental health, and/or addiction issues that can be detected and addressed by experienced case managers.
- A low dose of public interest law support and back-up can help case managers be strong and effective problem-solvers with clients and housing decision-makers.
- Case managers can help legal specialists work more successfully with clients facing acute needs who do not seem "advocacy-ready" for the reasons described above.

Embrace interdependence and build your teams in new ways! And reach out for help if you encounter barriers:

Eileen O'Brien, Director
Elders Living at Home Program, Boston Medical Center
eileen.obrien@bmc.org, (617) 638-6148
www.eldersathome.org

Samantha Morton, Executive Director
MLPB
smorton@mlpboston.org, (617) 336-7500 x455
www.mlpboston.org

At Boston Medical Center (BMC), all are welcome and treated equally. Unwavering in its commitment to the community, BMC is a private, not-for-profit, 496-bed, academic medical center located in Boston's historic South End. The primary teaching affiliate for Boston University School of Medicine, BMC is the largest safety net hospital and busiest trauma and emergency services center in New England.

Boston Medical Center's Elders Living at Home Program provides intensive case management, housing advocacy, housing stabilization and homelessness prevention services to men and women age 55+. The program's goal is to help clients locate and maintain a permanent residence and allow them to live as independently as possible. Since the program's inception, over 4,000 elders have been referred to ELAHP for help with their health and housing needs. The Elders Living at Home Program seeks to be a model for service, advocacy, research, and education on elder homelessness and housing issues.

MLPB equips healthcare and human services teams with strategies that improve management of health-related social needs. By doing so, we advance health equity for consumers and communities. MLPB is a fiscally sponsored program of Third Sector New England, Inc.

ACKNOWLEDGMENTS:

ARC Funders

- Oak Foundation
- Florence V. Burden Foundation
- The Grimes-King Foundation for the Elderly, Inc.
- The Mabel A. Horne Fund

ARC Collaborators

Boston Elder Abuse Prevention Coalition • Boston Older Adult Homelessness Prevention Taskforce • City of Boston Department of Neighborhood Development, Elderly Commission and Office of Fair Housing • Disparities Action Network • Hearth • Kit Clark Senior Services/Bay Cove • Law Office of Lawrence Wind • Legal Working Group of MA Dept. of Public Health Tobacco-free Housing Community of Practice • MA Elder Economic Security Commission • MA Mental Health and Aging Collaborative • MA Senior Legal Helpline • National Center for Medical-Legal Partnership • Older Adult Steering Committee MA ICHH • Tenancy Preservation Project

We also wish to thank Elizabeth Grella, MSW candidate, and the Boston University School of Social Work Office of Field Education for their support in developing version 1 of this material.