Healthy Aging in Supportive Housing

SHA Meeting Presentation
April 1, 2020

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Who’s On the Line

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Let us know in the Chat Box
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.

TRAINING AND EDUCATION
LENDING
POLICY REFORM
CONSULTING & TECHNICAL ASSISTANCE
TODAY’S AGENDA

About Aging & Supportive Housing
- Aging Population Basics
- Need for SH for Older Adults in NJ

Older Adults and COVID-19
- Responses from the Field
- Resources
- 2020 Census

How can CSH Support You?
- Survey Questions
Our focus: Older Adults with Housing & Service Needs Wishing to Age-in-Community

- Includes Adults 50+
  - experiencing homelessness,
  - inappropriately institutionalized, or
  - currently aging in place in supportive housing who desire to age healthily and safely in their own homes for as long as they can

- Supportive housing seen as an ideal solution to address needs of aging tenants with adaptable housing models and flexible service packages
NATIONAL NEED FOR SUPPORTIVE HOUSING

For more, go to www.csh.org/data

226,033 units of SH needed for aging adults
CSH's "Addressing New Jersey's Need for Supportive Housing"
Grant from the Henry and Marilyn Taub Foundation

Statewide SH needs assessment for aging adults

- Share information with state and local stakeholders and new providers
- Training and Technical Assistance to Age Friendly Communities
Aging In New Jersey

Nearly 1 in 5 people experiencing homelessness is 55+

Proportion of NJ residents age 60+ will increase 32% by 2034

Social Security is the ONLY source of income for 1 in 3 older adults

54% of NJ residents cannot afford to provide for their basic needs as they age

For more information see the 2018 NJ Elder Index Report.
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Responses from the Field

General Guidance for Residents, Staff, and Agencies

Home Visits

Tele-Health Visits
Tips for Residents, Employees and Agencies from the Field

**RESIDENTS**
- Educate
- Supplies
- Health Insurance

**STAFF**
- Education
- Staff Support

**AGENCY**
- Connect with your CoC
- Communications
- Visitor Policies
- Quarantine Preparedness
- HUD Toolkit

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Home Visits

Many supportive housing providers are following CDC recommendations and are NOT conducting home visits.

It has been advised that home visits should be replaced by tele-visits or check-ins via phone, as often as is possible.

**WHY?**

- Clients in supportive housing are vulnerable given their co-morbid medical conditions
- Older populations are especially at risk for contracting COVID-19
- The need to practice effective social distancing but avoid *social isolation*

However, some clients NEED Home Visits.
Prioritizing who needs a Home Visit

**Tier 1:** Receive, at a minimum, weekly home visits. These are for persons with uncontrolled chronic conditions, behavioral health conditions, and those who have difficulty managing their illness.

**Tier 2:** Receive one home visit, then as needed. These are for persons with a chronic illness, but are not experiencing acute distress and have shown evidence of being able to manage their illness.

**Tier 3:** Transition to telehealth options. These are persons with limited medical conditions and are actively engaged in management of their illness and/or recovery.
What is Tele-Health?

Telephone support is a widely used tool in psychosocial support. Technologies can be used as a complement to face-to-face services but also as a service on its own. It is especially useful for people with depression or suffering from distress, and when there are difficulties in physically meeting with clients.

In the context of the confinement declared by the Government due to COVID-19, we can use telephone calls and technology to give the best possible support to our clients.
Tele-Health Resources

The Northeast Telehealth Resource Center is federally funded to provide technical assistance to develop, implement, and expand telehealth services in New England, New York, and New Jersey

[https://netrc.org/](https://netrc.org/)

As a provider of many essential services, CarePlus has implemented the most effective action plan in response to COVID-19 pandemic. They will support the importance of social interaction, resources, and connection for many vulnerable populations.

[https://www.careplusnj.org/](https://www.careplusnj.org/)

If you or a loved one are in crisis, call

201-262-HELP (4357)
## Responses from the Field

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<thead>
<tr>
<th>The call is the “visit”</th>
<th>Communication Method</th>
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<tbody>
<tr>
<td>The most important feature of any communication is the quality of the relationship between the client and case manager. Take enough time on the phone to make the &quot;visit&quot;.</td>
<td>Find out and agree on each client’s preferred or best communication channel. It will mainly be via telephone but find out if they prefer (and have) WhatsApp, Skype, FaceTime or other channels.</td>
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### Core tenants of a “visit”

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<tr>
<th>Routine</th>
<th>Needs Exploration</th>
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<td>Plan the calls with your clients. When people lose control, any sense of control and routine offers consistency and relieves anxiety. Always end the call by scheduling the next call and call at the agreed time.</td>
<td>Talk about food, medication or hygiene products. What do your clients need, do they have enough products, etc. Spend time enough to identify any need.</td>
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Hard Conversations: Preparing for End of Life

Make sure staff have up-to-date information on next of kin, and end of life wishes, if possible.

Tips from the field on having the conversation:
• Frame it: In all stages of life, it is important to:
  • Have dignity
  • Have a voice
  • Have agency
  • Know who decides for you/about you if you are unable to

Other Considerations:
• Ensure staff are familiar with policies and procedures for if a tenant passes (check-lists are a clear and easy approach during times of stress)
• Clear communication to both staff and residents to avoid rumors and dispel fears
• Do staff want to be notified over the phone?
• Check-in individually with staff and concerned residents
Resources New Jersey: Department of Human Services

Have general questions about COVID-19?
The NJ Poison Control Center and 211 have partnered with the State to provide information to the public on COVID-19:
Call: 2-1-1
Call (24/7): 1-800-962-1253
Text: NJCOVID to 898-211
Visit https://covid19.nj.gov/ or nj.gov/health for additional information

NJMentalHealthCares
If you’re concerned about your mental health or the mental health of someone you love, NJMentalHealthCares can help. The free helpline offers telephone counseling, emotional support, information and assistance.

866-202-HELP (4357)
7 days per week, 8am - 8pm

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Elder Care Locator

Access online or via phone for personalized assistance finding any needed resources in your community

Toll-Free Number: 1-800-677-1116; M-F 9am-7pm or leave message, returned within 24 hours

Online: www.eldercare.acl.gov
AARP's coronavirus information tele-town hall

CDC and other federal experts presented at an AARP tele-town hall event held on March 10, 2020 discussing prevention and care for older adults.

- Check in with your local **AAA or the National Association of Area Agencies on Aging (n4a)**

- **Meals on Wheels: Hunger Hotline:** 1-866-348-6479

- **League of United Latin American Citizens:** Informational and Financial resources [www.lulac.org/covid19/elder_care/](http://www.lulac.org/covid19/elder_care/)

- **SAGE: Resources for LGBT Elders:** [https://www.sageusa.org/](https://www.sageusa.org/) and hotline **877-360-LGBT**

- **Diverse Elder Coalition:** Multi-Lingual Hotline for Asian American and Pacific Islander Older Adults in 8 Languages: 1-800-336-2722

COVID-19 and the 2020 Census

- The Census affects how $675b in federal funding is allocated—including for housing assistance and senior centers—and Congressional representation.
- The Urban Institute estimates that as many as 117,300 NJ residents may not be counted in 2020.
- Self-Response phase extended from July 31 to August 14.
- Low response rate among “Hard to Count” populations.
- Need accurate information and assistance in light of COVID-19.

https://www.censushardtocountmaps2020.us
Who are hard-to-count older adults?

- People of color
- People with limited English proficiency
- People who are undocumented immigrants or recent immigrants
- Displaced people affected by a disaster
- People who are lesbian, gay, bisexual, transgender, queer and/or questioning
- People with low incomes
- People experiencing homelessness
- People less likely to use the internet and others without internet access
- People with disabilities
- People without a high school diploma
- Renters
- Complex households, including those with blended families, multi-generations or non-relatives
- Formerly incarcerated individuals

Source: New York Academy of Medicine
Recommendations

- **Address fear and myths**
  - Fear of door-to-door interactions or leaving the house: the Census can be filled out by phone or online (in addition to mail and in-person)
  - Confidentiality and Security of Census data
    - It is illegal to publically share any identifiable information—Census workers are sworn to privacy. **Data is only used for statistics**
    - Citizenship and residency status will not be asked as part of the census
    - Census workers will not call you
    - All census workers wear an identifying badge
  
- **Offer assistance: 10 questions, 10 minutes— and help is available**
  - Discuss during your staff meeting
  - Phone response available in 12 languages covering 99% of languages spoken in US: [https://2020census.gov/en/languages.html](https://2020census.gov/en/languages.html)
  - Disability assistance available: [https://2020census.gov/content/dam/2020census/materials/partners/2019-11/Fact_Sheet_on_Accessibility2.pdf](https://2020census.gov/content/dam/2020census/materials/partners/2019-11/Fact_Sheet_on_Accessibility2.pdf)
  - For more, [2020census.gov](http://2020census.gov)
Healthy Aging Academy

The Academy is an online webinar series of eight live classes focused on best practices and strategies for supporting older adults in supportive housing.

Begins November 21, 2019
$350/person

Subscribers receive an automatic $100 discount.

In this Academy, you will:

- Explore how to best support housing residents to age in place.
- Look at ways housing case managers can identify & support a range of complex needs from cognitive declines to end of life care.
- Look at common issues for persons aging in place.
- Provide a look at programs & resources to support older adults.
- Provide strategies for engaging and advocating for residents.
- Explore how to adapt the physical environment to provide housing stability & safety to older adults.

www.csh.org/training
CSH COVID-19 Supportive Housing Community Platform

TO JOIN GO TO:
People who respond more strongly to the stress of COVID-19:
- Older people and people with chronic diseases who are at higher risk of COVID-19
- People who are helping other in response to COVID-19, like doctors, healthcare providers, first responders, and anyone working with vulnerable populations
- People who have mental health conditions including substance use disorders
- People with histories of trauma
- Children and Teens

What to do to support yourself?
* Take a break from watching the news, reading articles, and social media related to the pandemic
* Take care of your body
* Make time to unwind
* Connect with others

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Let's Hear From You

- Have you had **success** with **telemedicine** to date? Are there any **specific problems** (i.e. lack of providers) you are facing as a result of COVID-19?

- What has **worked well**? Any **responses** you would like to share?

- When it comes to **needs**, are there any topics or issues where CSH can assist?
REMEMBER - YOU AND YOUR CLIENTS ARE RESILIENT!
THANK YOU