



**Healthy Aging Model of Care**  
*A Pilot Program for Homeless Seniors*  
*Updated: January 16, 2020*

**I. Executive Summary**

Episcopal Community Services of San Francisco (ECS) is the largest provider of shelters, housing, and services for adults experiencing homelessness in San Francisco, and as such, we are acutely aware of the need to proactively create a systems-changing Healthy Aging Initiative designed to better assist homeless seniors to age in place with as much health and dignity as possible. Seniors are the fastest growing demographic among homeless populations, and the number of homeless seniors is projected to double in major cities over the next decade. This “silver tsunami” will place increased demands across the emergency shelter systems that serve homeless seniors.

In our own shelters and navigation centers, ECS has witnessed the number of frail seniors rise each year. Increasingly these homeless seniors have complex medical needs compounded by exposure to the elements, poor nutrition, trauma, and a lack of medical care. Further, these homeless seniors often struggle with mobility issues and the Activities of Daily Living (ADLs). Despite these significant challenges, the current network of shelters is ill-equipped to provide adequate support to this population due to a lack of resources and designated beds.

Seeking to address the unmet needs of homeless seniors, ECS is proposing a new Healthy Aging Model of Care. This pilot program will be a first-of-its-kind interim housing solution, which combines unprecedented care and enriched services tailored to the unique needs of vulnerable homeless seniors. Located within an existing shelter, the pilot program will begin with 25 dedicated beds for homeless seniors. Through the provision of specialized services (dedicated staffing, personal assistance, medication management, and nutritious meals), ECS will help seniors stabilize, become healthier, and transition into longer-term housing solutions.

**II. Background and Unmet Need: Why This New “Healthy Aging” Model of Care?**

Studies published in *The Gerontologist*<sup>1</sup> conclude that prolonged exposure to the elements, repeated trauma and other harsh realities of chronic homelessness “add” twenty years to a homeless person’s life. Homeless older adults are more likely to show signs of dementia, have trouble with their eyesight, have urinary incontinence, fall, and be depressed than others with their biological age. A new study by Dennis Culhane<sup>2</sup> examines data on homeless elders in three major cities (New York, Boston, and Los Angeles) and forecasts that homeless senior populations in 2030 will be between 2.5 times and 3 times larger than current populations. Extrapolating from these forecasts and the data on associated costs, the report estimates that the elderly homeless population could cost the nation \$5 billion annually in shelter and health services over the next decade.

While San Francisco was not included in this particular study, by 2030, San Francisco’s general senior population is expected to comprise 30% of the total population in San Francisco, and ECS is already seeing all of these trends in our own shelters and navigation centers. The number of frail seniors staying in ECS shelters continues to rise each year and many of these individuals present with chronic illnesses

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<sup>1</sup> Brown, R., Kushel, M., “Geriatric Conditions in a Population-Based Sample of Older Homeless Adults,” *The Gerontologist*, Feb. 2016.  
Brown, R., Kiely, D., Bharel, M., & Mitchell, S. Geriatric Syndromes in Older Homeless Adults. *J Gen Intern Med.* 2012 January; 27(1): 16–22.  
Sermons, W & Henry, M., National Alliance to End Homelessness: The Rising Elderly Population, April, 2010.

<sup>2</sup> Culhane, Dennis, “The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?” University of Pennsylvania, January 2019.

and post-acute needs and many have mobility issues, cognition or memory issues, and/or have difficulty managing Activities of Daily Living (ADLs).

### **III. Pilot Program: Pathways to Healthy Aging**

Seeking to proactively address the crisis of senior homelessness in shelters, ECS is proposing a Healthy Aging pilot with 25 dedicated beds for seniors within an existing shelter, leveraging ECS's Next Door Shelter on the first floor. This specialized program will allow ECS to move away from the current decentralized system of care for homeless seniors and toward a coordinated approach, which tailors services to the unique needs faced by this population. The Healthy Aging pilot program will include six main components:

**Interim Housing.** ECS is requesting 25 dedicated beds for the most vulnerable homeless seniors at Next Door Shelter. The seniors in these 25 beds will have access to the same amenities as other interim housing guests including a bed (non-bunked), a personal locker, bathroom, and walk-in shower that can accommodate a wheelchair and/or a shower chair/bench.

**Specialized Staffing.** Given the high level of need associated with this population, ECS will hire a dedicated on-site Program Coordinator (M-F, 8am-5pm) to oversee the 25 senior beds. The Program Coordinator will be tasked with coordinating all services for the seniors, which include; meals management, referral to DAS Case Management, ensuring IHSS coverage, medication assistance, and arranging transportation. A Weekend Coordinator will be covering this position on Saturdays and Sundays to assure continuity. Each of these positions will serve as the Service Coordinators for the day shifts. In addition, there will be a dedicated DAS Case Manager to work with the seniors to support their needs such as identifying and applying for benefits, arranging appointments, managing supportive relationships (clients' support networks) and assisting the Senior Shelter staff in determining best plan for permanent housing and care solutions.

**Personal Assistance.** In partnership with Homebridge, In-Home Support Services (IHSS) caregivers will provide 24-hour assistance to seniors with their Activities of Daily Living (ADLs). Initially, there will be two IHSS caregivers on each shift, with additional caregivers at peak times, such as in the morning for breakfast and showering and the evening to assist the seniors with dinner and bedtime routines. Continuous assessments will determine if more or less caregivers are needed and when. Funding for this service will be through Medi-Cal and a dedicated fun through DAS for those not yet approved by Medi-Cal.

**Medication Assistance.** Medication assistance will be provided jointly by DPH, ECS, and IHSS. Each client will be issued a lockbox to contain their medications. For those clients who need assistance, the on-site DPH nurse will work with the Program Coordinator to create a plan for increased oversight, mainly through reminders and reordering help. The DPH nurses, Program & Weekend Coordinator and IHSS caregivers will all assist with the medication assistance plans.

**Nutritious Meals.** Breakfast, lunch and dinner will be provided. Meals will be prepared according to DAS standards for seniors: low-fat, -sugar and -salt. All meals will be prepared in the Canon Kip Senior Center kitchen and transported to Next Door daily in a warming cart at lunchtime. Lunches will be the hot meal of the day served by the cook (lunches are the same menu as Canon Kip Senior Center), with a cold

breakfast (ex: cereal, yogurt, fruit, toast) and a “bag dinner” (ex: sandwich and fruit, soup and salad), made available at appropriate meal times. The Senior Shelter clients will eat in a different area of the shelter as not to cause confusion with the other shelter guests.

**Outcomes and Evaluation.** ECS will collect and analyze critical data points on the senior population. Data obtained from client personal information, functionality (ADL/IADLs) assessments and program exits will inform service delivery and determine program efficacy. Ultimately, this will allow ECS and the broader community to develop best practices for improving and expanding care for homeless seniors.

#### **IV. Partnerships**

Strong government and community partnerships will form the backbone of this pilot program. The proposed roles and responsibilities of each partner are listed below:

- **HSH** would provide program oversight and thought partnership.
- **DAAS** would provide funding for the Program Coordinator, Case Manager and Cook.
- **DPH** would provide clinical care and assistance in medical planning to the 25 seniors.
- **Homebridge** would provide 24-hour personal assistance to seniors via IHSS caregivers and a Care Supervisor dedicated to these 25 seniors.
- **UCSF and other educational institutions** would serve as research partners in understanding the target population and evaluating the efficacy of the pilot program.

#### **V. Client Profile**

The Healthy Aging pilot program will target homeless seniors. ECS would determine program eligibility based on an individual’s capacity to self-care as defined by Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). While most participants would require specialized daily assistance, they typically would not be eligible for a Medical Respite bed and would not have an acute medical condition. Instead these individuals would simply need assistance with routine tasks such as toileting, showering, managing medications, and navigating systems. For reference, ADLs and IADLs are defined below.

##### Activities of Daily Living (ADLs):

- Bathing and Showering
- Personal hygiene and grooming
- Dressing
- Toilet hygiene
- Functional mobility (transferring)
- Self-feeding (not including cooking)

##### Instrumental Activities of Daily Living (IADLs):

- Cleaning, housekeeping, and laundry
- Money management
- Medication management
- Preparing meals
- Transportation and shopping
- Using communication devices

#### **VI. Exits**

For many seniors, this pilot program will be the first step toward securing permanent housing. As the sole operator of San Francisco’s Adult Coordinated Entry System (ACES), ECS will assess all participants for available Permanent supportive housing (PSH) opportunities. For those who are not prioritized for PSH, Coordinated Entry’s problem-solving team will work with individuals to find alternative solutions. This includes guiding seniors toward other housing interventions, including rapid rehousing, workforce development opportunities, and other support opportunities for which they are eligible. When applicable, ECS will also connect seniors to the specialized housing programs listed below:

- **Independent Living with Supportive Services:** working with Coordinated Entry and Case Management; ACE assessment, identifying available supportive housing, assistance with application for housing, arranging necessary supportive services such as IHSS, Meals on Wheels, Rep Payee Program and Paratransit.
- **Assisted Living Facilities or Board and Care (via Assisted Living Waiver):** a system of housing and limited care that is designed for senior citizens who need some assistance with daily activities but do not require care in a nursing home. Board and Cares are small residential homes that offer the same services as an Assisted Living Facility, typically smaller with 4-8 beds. Assisted living facilities typically have over 20 people.
- **Skilled Nursing Facilities (SNF):** a special facility or part of a hospital that provides medically necessary professional services from nurses, physical and occupational therapists, speech pathologies, and audiologists. Skilled nursing facilities provide clients 24-hour assistance with healthcare and Activities of Daily Living (ADLs). There are numerous federal regulations with which skilled nursing facilities must comply.