



Clark County Commission on Aging
Webex Remote Meeting
Vancouver, Washington

MEETING NOTES

Wednesday, September 15, 2021
4:30 p.m. – 6:00 p.m.

Members Present: Chuck Green (Chair), Franklin Johnson (Vice Chair), Nancy Dong, Cass Freedland, Amy Gross, Meghan McCarthy, Larry Smith, Tanya Stewart, Pamela Wheeler

Absent:

1. Welcome and call to order

Chuck Green opened the meeting

Approval of agenda

The agenda was amended to move the COVID-19 update after introductory items and to add a Silver Citizen Award agenda item to the end of the meeting. The agenda as amended was unanimously approved.

Approval of Aug. 18 meeting notes

The meeting notes were unanimously approved.

2. COVID-19 Update

Amy Gross provided an update on COVID-19 based on talking points from Public Health. Case numbers are at the highest level to date both for the state and locally.

3. Moderated Discussion/“Fireside Chat”: Housing & Homelessness

Details on each presentation are available in the recording on the Commission website.

Guests: *Tim Zaricznyj, Providence Supportive Housing; Andy Silver, Vancouver Housing Authority; Jonathan Kumar, Samaritan*

Discussion highlights:

Conversation with Tim Zaricznyj, Executive Director of Providence Supportive Housing:

- Can you describe Providence's supportive housing program?
 - Providence's housing programs started in Vancouver, WA in 1856 with Mother Joseph.
 - In 1985 Providence Supportive Housing built Vincent House in Pike's Place Market in Seattle, WA to house seniors who were formerly homeless



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- Providence now operates 17 housing programs across 7 states. They are predominantly subsidized and predominantly for seniors and people with disabilities. Providence also runs two non-congregate shelter programs.
- Was there a pivotal moment that spurred Providence to invest in housing?
 - Housing was integrated into Providence's work since its founders began running food and shelter programs in Montreal, Canada.
 - Housing is health.
- What impact are you seeing with the program?
 - Increased cost of living across the west coast.
 - Anyone on a fixed income living in a community with increased cost of living are at risk for homelessness and experiencing housing insecurity. Someone is considered housing insecure if they are paying more than 50% of their income to housing.
 - People have worked and saved, but fixed income doesn't keep up with escalated costs of housing. They downsize and it's still not enough. They predominantly see women in need of housing help.

Conversation with Andy Silver, Chief Operating Officer, Vancouver Housing Authority:

- In your prior role with Council for the Homeless, what are some of the biggest barriers to helping the unhoused get dignified housing?
 - Biggest barrier is the disconnect between incomes and cost of housing. The delta keeps growing.
 - People with fixed incomes may include older adults and people with disabilities. It also includes people who work in sectors like the service industry or retail that are not paying wages for people to afford housing.
- Tell us a little about Vancouver Housing Authority (VHA)
 - VHA has been around since 1942. VHA originally built a lot of neighborhoods in Vancouver. Today VHA functions as a public housing authority. VHA is a local government entity governed by a board of commissioners appointed by the Vancouver City Council.
 - VHA operates rental assistance programs, i.e. voucher programs support about 2,500 households in the county
 - VHA also develops and manages affordable housing buildings. Generally, VHA uses the low income tax credit system. VHA also has bonding authority.
 - Some housing is focused on specific populations, i.e. older adults. Other housing is available to anyone at certain income levels.
 - VHA can build as a matter of right in the City of Vancouver. VHA can build in other jurisdictions if approved by the local jurisdiction's elected officials.
 - VHA currently manages about 3,000 affordable apartments and homes in county
- Are there trends you've witnessed for older adults around housing insecurity over the past few years?

- With older adults, the demand for affordable housing has skyrocketed as the cost of housing has separated from what most peoples' fixed incomes are.
- In 2012, you could rent a room with SSI income. That's not the case anymore.
- How does VHA intersect with Council for the Homeless (CFH)?
 - VHA is one of several partners that helped found CFH
 - VHA provides admin support to multiple nonprofits including CFH
 - CFH runs the coordinated entry for the county
 - VHA has vouchers that are prioritized for that group
 - Housing Initiative LLC develops supportive housing for people coming out of homelessness. It's owned by CFH but has some separation. Works with VHA to help develop projects and coordinate services
 - As a smaller community, we have a lot of partnerships, i.e. someone does the property management, someone does development services, etc. In larger cities/communities sometimes there's one entity that does all of these things. We don't do that here.

Conversation with Jonathan Kumar, CEO, Samaritan:

- Could you walk us through how your intervention works from the perspective of someone without a home?
 - Samaritan is a support platform for people experiencing homelessness
 - Human service providers and health systems use Samaritan to engage with Samaritan members to address vital needs
 - Example of first Samaritan member: spent 3 years living on the street, uses a wheelchair and was not accessing social services on a consistent basis because there were a lot of barriers. A nonprofit reached out to him and gave him a Samaritan membership. He got a beacon to store critical documents. He set goals. Samaritan and the supporting nonprofit surrounded him with a team of supporters and community volunteers who could send words of encouragement and could send cash. He was able to get some basic needs met, i.e. food and clothing. Samaritan provides bonuses for achieving action steps toward your goals. He connected with a housing navigator on a monthly basis and within 6 or 7 months moved into an apartment. After getting housing, he got a lot healthier.
 - Don't need anything to be a member. You can talk to a case manager who can check your account for you.
- How does Samaritan actually lead to housing or other positive outcomes?
 - Met a person who was living outside and had the keys to an apartment they weren't using. They had a community outside and also didn't have the money to move their stuff across town.
 - There are a lot of invisible barriers that were keeping this person from housing.
- How would your organization go about deploying your platform for, say, 100 individuals in our community without housing?
 - When you become a member, you share where you're at for eight quality of life measures

- Samaritan partners with human services or social services organizations or healthcare organizations
- When you don't have a home, it creates barriers to dealing with anything else. Healthcare organizations are realizing they need to invest upstream. It's cheaper for them to see people stably housed. We currently work with organizations like CommonSpirit, Dignity Health, and several insurance companies with Medicare and Medicaid plans
- To work in a town, we seek to add value to a service or healthcare provider
- If you had a magic wand, what would you change/do to help address the rise in homelessness for older adults?
 - I think we would all wish that every single person had a stable home. I think we can get there. It's a matter of building the right type of affordable homes and providing a social home to people. In terms of causes of homelessness, people often don't have a friend or family network to keep them afloat when a tragedy or decision happens. Even with the pervasiveness of homelessness, the numbers are in our favor. If we all do small acts of kindness, commit to being a neighbor and not a stranger, take ownership and treat people who are homeless as if they were one of our family members, then this problem goes away.

Q&A with Commission:

- **Cass:** loved the idea of intervention upstream. Being in a hot area for housing, how does the concept of building big to financially support an area connect with rising housing costs, and the need to provide affordable housing? **Tim:** Providence is focusing on groups who are high utilizers of the healthcare system. They are very expensive. For instance, one group of high utilizers are seniors in their later years of life who have a lot of healthcare needs and multiple chronic conditions requiring management. One solution is to combine our PACE programs of all inclusive care for the elderly with housing. Providing a housing option for individuals who are nursing home eligible. People are living longer with better quality of life. We are housing them in an independent living environment, which I consider a more dignified spaces. We are finding ways to bust through silos to get housing and healthcare to work better together. Providence has a SHARC model, which stands for supportive housing and recuperative care. They are working on several Senior SHARCS for people 55+ and experiencing homelessness and are long length of stay patients, considered dischargeable but not placeable and are living in our hospitals. Our SHARC model incorporates respite care, recuperative care and permanent supportive housing with service coordination. Don't want to repeat trauma by transitioning people into a new environment. Instead, we can just move that person upstairs. **Andy:** More broadly, so much effort that is put into making Vancouver/Clark County/SW Washington a great place to live that attracts people. The downside is that housing is a commodity. If the goal is to make our community a great place to live, we will automatically have a housing problem the way we have structured our society. Hindsight is 2020 and housing shouldn't be a commodity. But it is sort of too late. One band-aid is to create a percentage of housing outside of the commoditized system owned by non-profits, housing authorities and mission-driven entities.
- **Pam:** the data on the Samaritan slides you provided showed the platform decreases health utilization. Do organizations come to you because of the data and who does your data

collection and analysis? **Jonathan:** different types of organizations come for different reasons. Our “bread and butter” is working with traditional human service organizations, i.e. Salvation Army. They use Samaritan because it helps a higher percentage of their clients reach the positive program outcomes they’re looking for. Lots of time is lost with drop-outs from programs. If the platform can help reduce the time for a client to be successful or reduce the drop-out rate, it means they can spend that time helping someone else and help more people through the system. When we partner with a health system or Medicaid/Medicare plan, they want to know about health outcomes. They are understanding that addressing non-medical needs impacts medical outcomes. We provide relevant data to each partner. The data on social outcomes/non-medical outcomes we capture that ourselves with some help from the University of Washington Health Sciences Department. We also use some public data that is already published on cost utilization and health outcomes. We try to collect our non-medical data with medical studies that have already been published. We will be involved in a randomized control trial hopefully next year and will hopefully be able to get own healthcare impact data soon.

- **Franklin:** I’m looking at Jonathan’s sweatshirt that says “walk with, not by.” Have you encountered people who are homeless and refuse services? **Andy:** working in housing first programs we work with people who have been failed by traditional other programs. It depends on how we define “choose.” We might see someone a few times and not be successful talking about housing programs. The reasons are often: our extreme bureaucracy which can be very intense in combination with a disability or past experience, or a combination of the two. I don’t generally experience people prefer to live outside. It’s about barriers. Often on the 4th or 5th try, it ends up working out. **Franklin: Persistence?** **Andy:** it’s about doing what you say you’re going to do over time and breaking down barriers. Maybe you start with a motel voucher. **Jonathan:** trustbuilding. Does the person trust you to have their best interest in mind? A hotel voucher, gift card, etc. can grease the wheels and that person may become more willing. I believe few people, if any, want to be homeless. That is a result of trauma and a crappy hand of cards. Many view it as their best alternative. **Tim:** there’s a culture out there. It may be rough and difficult, but there are relationships and a known and familiar culture. A house is not just a roof over your head but also a set of rules. In moving in, you may be abdicating some independence. We all defer to what we know. Gentle and persistent can pull people in.
- **Larry:** how do you deal with individuals with crime records? Are there certain strategies you use? **Andy:** If people have things on their record, that creates a barrier to housing. There are two strategies: 1) mission-driven housing that’s designed for a certain population with low screening criteria and 2) private-market housing where organizations can build relationships with landlords and make a plan on how it would work, i.e. call us if there’s an issue. With both housing first and supportive housing we do see problematic behaviors. We don’t want to evict someone and we also have a duty to keep everyone safe. There are no ban lists. If someone does get evicted, they can always try again. **Tim:** when starting work as a resident service coordinator, I never imagined coaching a resident to use street drugs appropriately and discretely. Our preference is you don’t use. If you must use, use discretely and don’t violate the lease. The goal over time with a therapeutic model is to seek to extend the time between instances and amount of use. We know people do better once housed. **Andy:** when people living outside, that’s dangerous and they have ways to protect themselves. We do orientations on the difference between living in an apartment building and living outside and how to go about solving problems. We have harm reduction funds and use incentives to seek behavior change over time in an environment people are adjusting to.

Q&A with Public:

- **Anna Marie Dall:** what are you doing to target older adults with co-occurring disorders like dementia and limited income? **Andy:** one option with VHA is assisted living. VHA is building its first assisted living facility for people coming out of homelessness with behavioral health challenges. I would need to look into this more, I'm not sure if we have any assisted living facilities that specialize in dementia care. I will need to look into that. **Tim:** dementia is really tough because housing is typically built as independent living arrangements. Sometimes someone early on in their dementia journey could live with a PACE provider where they could get transportation and chore-support around the home. It gets you part of the way. In Portland Metro for example, we have units designated as RCF (residential care facility) units which with PACE support can support a higher acuity. But there's always a gap. There's always a gap between existing programs and certain types of diagnosis. This is a forever question to ask how we do it and how do we do it better. **Tanya:** HOPE Dementia Support is a local nonprofit that has some resources. **Anna Marie Dall:** the beacon Jonathan spoke about, how does that work and what if you lose it? **Jonathan:** it's a Bluetooth beacon that can store critical documents. It's not a question of if, but when, the beacon gets lost. The information cannot accessed just from the device. The information is stored in a HIPPA compliant system in the cloud. If it's lost, no one can access your account. We can replace them easily and use a secure ID. If a member has funds on their balance that they want to spend, they can meet with a case manager or housing navigator who can access the money for strategic needs or we provide a Samaritan debit card that the individual can use themselves. Your earlier question about mental illness, most of our members are on the spectrum of mental illness or substance abuse. The social and financial support can help with desire to overcome challenges.

4. Commission Download: What have we heard? Potential recommendations? Request(s) for more information?

- House vs. a home
- I'm so impressed with the dedication. Feels good to have people dedicated to find solutions.
- Struck by what a big, ugly problem homelessness is to solve. The best way is to do it together. Reinforced that it takes a village.
- "Little and often makes much."

5. General Public Comment: there were no public comments

6. Communications and Announcements

- ADRN meeting: Cass provided an update on the Sep. 3, 2021 Aging and Disability Network (ADRN) meeting. Three groups/programs were represented at the meeting: 1) the Fall, Risk, and Home Environmental Safety Assessment Program out of Clark-Cowlitz Fire Rescue; 2) the Safe Homes for Seniors Program from Meals on Wheels; and 3) Clark Public Utilities presented on support programs for individuals.
- Next meeting: October 20, 2021. Topic: Personal Finances/Economic Recovery

7. Adjournment: The meeting adjourned at 6:11pm.

The Clark County Commission on Aging provides leadership and creates community engagement in addressing the needs and opportunities of aging.