

Presentation for City County
Homeless Issues Committee
2-3-2025

Dane County Aging Plan 2025-2027:
Housing and Homelessness issues in
the Dane County Older Adult
population

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Area Agency on Aging of Dane County - Governed by the Older Americans Act

- ▶ First passed in 1965 and last reauthorized on March 25, 2020, the OAA authorizes a wide range of programs and services, most of which focus on helping older adults age in place. These services include **home-delivered and congregate meals, support for family caregivers, preventive health services, personal and home care services, transportation, legal assistance, elder abuse prevention, and so much more.**
- ▶ In February 2024, the Administration of Community Living (an operating division of the U.S. Health and Human Services) released a final rule to update these regulations.



Dane County Area Agency on Aging

- ▶ One of the three Area Agencies on Aging in Wisconsin
- ▶ Serves individuals 60+ and their families in accessing a wide range of services (ex. Case management, congregate and home-delivered meals, caregiver support, help with benefits)
- ▶ Dane County AAA is the designated County Aging Unit - planning and policy development body for older adult programs and services funded by the federal Older Americans Act and State supplemental funding
- ▶ Area Agency on Aging is governed by Board and Committees



Mission and long-term Vision

Mission: The mission of the Dane County AAA is to advocate for older adults and to enable them to maintain their full potential and enhance their quality of life; to affirm the dignity and value of older adults by supporting their choices for living in and giving to our community; and to create and promote opportunities for communication among the entire community.

Long path vision: Our long-term vision centers on creating an inclusive, age-friendly community where older adults can thrive, remain independent, and live with dignity, regardless of their physical, cognitive, economic or other status and intersectionalities.



Data

- ▶ Population data (American Community Survey)
- ▶ Health data (Wisconsin Interactive Statistics on Health-WISH, Behavioral Risk Factor Surveillance System-BRFSS, Hospital Data, Office of Health Informatics, Public Health Madison & Dane County)
- ▶ Other data (Behavioral Health Resource Center, Aging & Disability Resource Center, Housing Access and Affordability unit - Homelessness, City of Madison Senior Services Equity Analysis Report)
- ▶ Program data



Dane County Area Agency on Aging - Aging Plan

- ▶ A road map to meet the needs of all older adults and their caregivers and create supportive systems to help them age in place
- ▶ Goal: to engage in policy/system/environment-change work
 - ▶ Centering equity
 - ▶ Incorporating health data and data from other sectors
 - ▶ Extensive engagement with communities who have underutilized/not utilized our services and/or organizations serving them
 - ▶ Engaging with potential new partners
 - ▶ Identify gaps in data, planning, service delivery



AAA Goals - Addressing Housing and Homelessness in older adults

Build ongoing collaborative, system-wide partnerships with housing providers, homeless service organizations, nonprofit organizations and public agencies to integrate services, create age-friendly systems/supports and improve access to services and experiences for older adults navigating the homeless service systems.

- ▶ Be a partner in implementing system-level solutions to prevent and address homelessness
- ▶ Improve access to services and opportunities for older adults navigating the homelessness service systems and supports



Scope of Community Engagement



Dane County AAA staff and interns:

- ▶ connected with 38 community agencies and partners throughout the community engagement and outreach process via focus group or key informant interview
- ▶ interviewed a total of 108 under-resourced, LGBTQ+ / BIPOC or immigrant older adults connected to these community organizations
- ▶ engaged in 31 focus groups/key informant interviews
- ▶ Interviewed a total of 222 people, including providers, community members, and others who work in or represent folks in the field of aging or an adjacent field
- ▶ Folks interviewed were involved in areas such as homelessness, dementia care, care-giving, transportation, health-care, mental health, senior center leaders, focal points (case managers and directors)
- ▶ AAA board and committee members completed 12 interviews with older adults in their community's similar questions about needs and service gaps.

Top Needs and Barriers from Community Engagement Sessions:

Housing and Homelessness

- shortage of affordable and accessible housing
- new homelessness for older adults who have never been homeless before
- rising rent vs fixed incomes
- homelessness service system is not age or disability friendly



Community engagement responses:

Housing

- Safety concerns: drugs, unresponsive landlords / property management, slum properties
- Lack of affordable housing. Property taxes increasing. Rents increasing. Incomes not increasing.
- Lack of accessible housing. Stairs are a problem. Renting in elevator buildings is in demand. Accessible features like walk in showers, wheelchair access is scarce.
- People living in affordable, low-income housing complexes expressed gratitude and contentment but there are still problems with neighbors, isolation, etc.
- People living in city funded, county funded buildings experience a sense of community and are grateful for this.
- Some immigrants move to the states to be closer to adult children but despite intergenerational living being ideal for some, there is lack of privacy, isolation, overcrowding, child-care expectations by adult children



Community engagement responses:

Housing

- ▶ Section 42 housing funds end and buildings go market rate without residents being able to stay because they can't afford the new rent rates
- ▶ Older adults leaving Dane County Jail or the DOC have increased barriers to housing due to their criminal records. Employment is the best option for income but barriers to employment are high
- ▶ Older adults leaving DCJ or the DOC are increasingly older and frailer and their only income is SSI which does not pay enough for rent
- ▶ As older adults age, they are increasingly unable to provide for housing and yard upkeep, or hire someone to do it. This means that older adults need to be wealthy and / or physically able to age in place.



Community engagement responses:

Homelessness

- ▶ Older adults often start out being homeless living in their cars - an illness, car repairs, parking tickets, etc. means they end up at the shelter at some point
- ▶ Two different homeless clients who we interviewed had lived for over a year in a car/truck and eked out a subsistence until ill health meant they had to move to the shelter system.
- ▶ Per clients, privacy is scarce, shelters are noisy, overcrowded and respondents reported not feeling safe there. Bathrooms are not private and are often inadequate for the client numbers. Showers are not disabled friendly and are scarce.
- ▶ Walkers and wheelchairs are often not allowed in shelter buildings. They break down or are stolen if you leave them in the elements.
- ▶ Easy to lose, misplace or have valuables including meds and ID stolen. Time consuming and transportation heavy to replace.



Community engagement responses:

Homelessness

- ▶ Staff also reported that furniture in homeless shelters and day centers did not meet the need of the older adults. Often clients sleep in bunk beds or cots that are uncomfortable and often have bed bugs
- ▶ Staff working in the field of homelessness reported that when Adult Protective Services (APS) were called for adults at risk who were homeless, vulnerable and being preyed upon by others they were told they didn't meet the threshold for abuse.
- ▶ Clients who need the assistance of the local ADRC have to be willing to reach out for services, something that is often difficult due to difficulty initiating or receiving phone calls, having the capacity to make an appointment and follow through, etc.
- ▶ Managed Care Organizations that administer long term care programs have problems connecting with their clients as well as difficulty with follow through
- ▶ Residency requirements in Wisconsin mean that people experiencing homelessness are forced to seek help in a county that could be a long way away from where they are currently homeless and choose to live, which makes it extremely difficult to access services



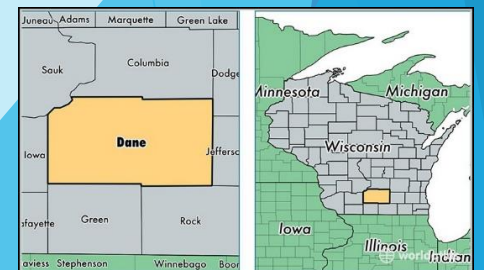
Community engagement responses: Homelessness

- ▶ Information is scarce or hard to come by about systems that are there to help people
- ▶ Older adults with alcohol and other drug abuse (AODA) issues who are homeless are not being served with long-term care options because of eligibility issues and the fact that long term care options do not exist for folks who are dealing with addictions
- ▶ Often people need to have assistance with mobility and hygiene because of their disabilities and weakness, unsteadiness on their feet, etc. It was reported by professionals working in the homelessness field that shelter staff are not supposed to help with hygiene issues and are not equipped or trained to do so.
- ▶ People who are homeless and older may have a hard time carrying their belongings, and have nowhere safe to store them. When it is cold out they often can't carry the equipment they need to stay warm



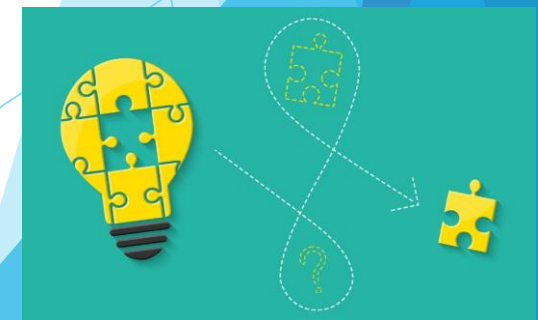
Community engagement responses: Homelessness

- ▶ Focal Point staff in the outlying towns, villages and suburbs of Dane County used to say that the city of Madison was the only place in Dane County experiencing homelessness, but that is no longer true.
- ▶ Focal Point case managers now report older adults becoming homeless, often due to housing costs and lack or loss of income and/or support.
- ▶ According to focus group participants from the Madison and Dane County, The Beacon, the day shelter that was opened in 2017 to serve 150 people, including children and families, regularly serves 250 people now.
- ▶ Some clients are so frail or disabled it is unfathomable how they are in a shelter with no-one but staff and other residents who are strangers and do not have any obligations - to meet their needs.
- ▶ All of the other systems think “the Homeless System will provide”, but it can’t and it doesn’t.



Solutions / Suggestions to improve services for Older Adults experiencing Homelessness

- ▶ A quieter, more intimate setting - like a Safe Haven - would be a more effective environment when sheltering older adults
- ▶ Some kind of priority or triage system so that those in the greatest need and with the greatest vulnerabilities (older and disabled adults) have access to shelter and safety 24/7/365
- ▶ A shelter that is built for older adults and has more accessibility features and is open 24 hours a day with case managers and care staff who can help with medical / personal care needs
- ▶ Free bus passes for all shelter and homeless clients so that transportation is not a barrier to services. An accessible bus for clients who cannot use transportation
- ▶ Case management / I and A staff to help move clients through the system faster - especially those who are in pain, vulnerable and have serious illnesses
- ▶ Services come to central locations to meet homeless clients not vice versa
- ▶ Partnerships with other providers



Suggestions on what improvements could be made

▶ **????**

▶ **????**

▶ **????**

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THANK YOU!

QUESTIONS....