



HEALTHY AGING IN SUPPORTIVE HOUSING

ADVOCACY AGENDA
MAY 2022



INTRODUCTION

New Jersey's aging population is growing, and state and local policymakers need to proactively invest in resources to support these residents. This includes adding affordable and supportive housing and focusing on ways to strengthen the workforce by caring for our aging neighbors in the coming years. Roughly 40 percent of the supportive housing population is over 50 years old. We know that for these community members to age with dignity in communities and homes of their choosing, we must develop policies and housing that meet their specific needs.

In Spring 2020, CSH released a supportive housing needs assessment that determined New Jersey needs to add 17,474 supportive housing units to meet the demand of the growing aging population. Given the COVID pandemic, this number can only have grown.

To proactively think through realistic solutions in closing the gap in the supportive housing need for older adults in New Jersey, CSH convened a Knowledge Café in the Summer of 2020, where stakeholders representing local and state, nonprofit and government perspectives identified the following areas to focus on. Each of these topic areas became the focus of four workgroups that met throughout 2021 to develop an Advocacy Agenda to help guide the state in the critical coordination, funding and policy changes needed.

- Maintaining Capital Funding
- Expanding Service Dollars / Eligibility
- Strengthening the Workforce
- Addressing Not In My Backyard (NIMBYism)

Given the influx of both federal and state dollars, the unique Medicaid proposals for the state's 1115 waiver and Home and Community Based Services (HCBS) that are setting new standards within the national conversation, this is the moment for New Jersey to think big on how to support aging residents who need a combination of affordable housing and services to stay in their community and age in place.

This is the road map to guide New Jersey in this effort and was made possible by the Henry and Marilyn Taub Foundation.

ADVOCACY AGENDA

The following lists key recommendations for local and state government to consider in developing and sustaining supportive housing for older adults in New Jersey. Please review the Appendices listed in this report for an expanded list of recommendations and additional resources.

Leverage incoming & upcoming federal resources

- Use HUD HOME-ARP funds to create new supportive housing as monies can be used as a gap filler for capital, services and operation.
- Develop training and capacity building on Medicaid and HBCS for providers to leverage these services.

Bolster state resources for coordinated funding streams for supportive housing

- Recommend the Governor's office, and state legislature consider committed services and operating funding to pair with capital funds.

Generate capital with state resources

- Develop a short-term sheet (2-5 pages) to help developers understand terms and provide clear guidance on eligible uses and priority populations.
- Encourage relevant state agencies to incentivize/require local affordable housing programs to disclose their information to a transparent website, so developers know resources. This would include how much money is available, what funding could cover (i.e. capital, services and operations) and when application deadlines are.
- Create a multi-year affordable housing plan that:
 - Creates a long term, multi-year affordable housing plan that would give all parties, including townships, a larger vision to align with
 - Explores opportunities to enhance coordinating services and operations with capital

Local policy acknowledgment of aging as a vulnerability factor

- Recommend New Jersey Continuum of Cares (CoCs) consider age as a vulnerability factor in their assessment, ideally through their established coordinated entry.

Increase collaboration between housing and healthcare service partners

- Recommend increasing collaboration between supportive housing and PACE as well as ALP programs. Partnerships could include cross-sector behavioral health trainings and pairing PACE or ALP and supportive housing.

Motivate the workforce

- Encourage the state and relevant partners to support PHI's upcoming Direct Care Workforce Coalition and recommend supportive housing workforce be included.
- Create a statewide workforce development workgroup specifically targeted to the goal of recruiting direct care workers. We encourage this statewide workforce to include supportive housing representation.
- Calculate the projected workforce needed for supportive housing and other related fields, considering the increasing need (growing aging population) and low retention rates (See Appendix X for more info).

Train staff to understand better the needs of aging population

- Develop and implement training on supportive housing, reframing aging and inclusion.

APPENDICES

Appendix A: Services & Eligibility Workgroup

Appendix B: Strengthening Workforce Workgroup

Appendix C: Capital Workgroup

Appendix D: Addressing Not in My Backyard (NIMBY) Workgroup

Appendix E: Aging in Place: A Resource Guide

Appendix F: Quick Start Guide: Reframing Aging & Supportive Housing



APPENDIX A

- Membership
- Recommendations

MEMBERS

Workgroup Leads

Patricia Hernandez, CSH

Cassondra Warney, CSH

Workgroup Members

Brian Lawrence, President & CEO of Fellowship Senior Living

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RECOMMENDATIONS

Leverage Federal Resources

- Recommend upcoming projects that include supportive housing consider leveraging HOME-ARP Funds for services and operations. Here is a link to the state, county, and city allocations for New Jersey.
- Given NJ's upcoming 1115 Medicaid Waiver proposal that includes tenancy supports and increases to HCBS resources, we recommend that NJ provide training on Medicaid and HCBS to build provider capacity to leverage these resources.
 - Justice In Aging will be releasing an issue brief in April 2022 that examines the gaps in access to HCBS for older adults and how to equitably increase access and fill those gaps.
- Current Medicaid rates do not cover competitive workforce wages and needs to be increased or supplemental funding needs to be identified. Please see Strengthening Workforce workgroup recommendations for more details.

Bolster state resources for coordinated funding streams for supportive housing

Recommend the Governor's office and state legislature consider committed services and operating funding to pair with capital funds. Other states and cities have used this approach to help with increasing supportive housing pipeline and some including aging as a priority population

There have been past efforts in pairing vouchers to capital funding, whether it be DCA or HMFA:

- DCA: National Housing Trust Fund federal funding for capital, DCA commitment for project-based vouchers
- HMFA: The Special Needs Trust Fund did have a commitment to vouchers that was paired with capital

Local policy acknowledgment of aging as a vulnerability factor

Recognizing that adults who have experienced chronic homelessness age rapidly, recommend New Jersey Continuum of Cares (CoCs) consider age as a vulnerability factor in their assessment, ideally through their established coordinated entry.

- Example of how this works in another community includes: Washtenaw County, Michigan: CoC's Coordinated Entry uses the VI SPDAT and gives an extra point for people over 60.

Increase collaboration between housing and healthcare service partners

Recommend increasing collaboration between supportive housing and PACE as well as ALP programs. Partnerships could include cross-sector behavioral health trainings.

- An example of pairing PACE and supportive housing is The Talmage Gateway Supportive Housing in San Diego, CA, serving adults 55+.

APPENDIX B: STRENGTHENING WORKFORCE WORKGROUP

- Membership
- Recommendations
- Additional Resources: Aging in Place: PHI's 1115 Waiver Comments

MEMBERS

Workgroup Lead

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Workgroup Members

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Danette Manzi, Community Investment Strategies, Inc.

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Dr. Lauren Snedeker, Rutgers University

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RECOMMENDATIONS

Statewide coalitions / workgroups in 2022

- Encourage the state and relevant partners to support PHI's upcoming Direct Care Workforce Coalition and recommend supportive housing workforce be included.
- Create a statewide workforce development workgroup specifically targeted to the goal of recruiting direct care workers. We encourage this statewide workforce to include supportive housing representation

Leverage Incoming & Upcoming Federal Resources

- Explore how NJ's ARPA HCBS FMAP fund implementation process could support direct care workforce
 - State's plan included a \$1 wage pass-through for home care workers, reimbursement rate increases for providers, and funding for workforce recruitment and retention
 - Need to ensure funds are distributed equitable

- Explore how NJ's Medicaid 1115 waiver can be leveraged to support the direct care workforce.
- Explore how HOME-ARP funds can be leveraged. This flexible funding can be used for supportive housing, including paying for services

Collect qualitative and quantitative data to inform policy making

Calculate the projected workforce needed for supportive housing and other related fields, considering the increasing need (growing aging population) and low retention rates.

- To inform calculation, initiate more in-depth surveys to better understand workforce needs, including surveys of direct care workers; results from "pulse survey" of this aging initiative will be informative.
- Provide recommendations on how NJ can have better data infrastructure on direct care workforce to inform policymaking
- Take into consideration there are different populations this workforce must focus on, including those who are being supported (clients) and those who are supporting (direct care staff across many organizations)

Support local communities

- Support efforts to improve overall job quality, including livable wages for different regions in NJ, supervision, upskilling, ongoing training, respect, and recognition.
- Support bringing in foreign labor to address workforce shortages
- Develop guidance to communities receiving public health grants to help them hit the ground running, and elevate aging well initiatives and supportive housing within the guidance

Resources

PHI's 1115 Waiver Comments

APPENDIX C: CAPITAL WORKGROUP

- Membership
- Major Findings
- Recommendations
- Additional Resources

MEMBERS

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MAJOR FINDINGS

- There are more resources now than ever.
- Opportunity to attract new developers to the table.
- It's unclear what local affordable housing trust funds are available in the 500+ townships; this information is not available in one place.
- There is an opportunity to streamline efforts in coordinating capital, services and operations.
- Developers could use assistance in understanding where to coordinate and receive project-based vouchers projects.

RECOMMENDATIONS

Short Term Recommendation: Create Term Sheets

- Develop major affordable housing programs in the state develop a short-term sheet (2-5 pages) to help developers understand terms and provide clear guidance on eligible uses and priority populations.
- These term sheets can also help give developers an idea of how this fund can be braided with other sources.

Medium Term Recommendation: Resource Awareness

- Encourage relevant state agencies to incentivize/require local affordable housing programs in disclosing their information to a transparent website, so developers are aware of resources.
- This would include how much money is available, what funding could cover (i.e. capital, services and operations) and when application deadlines are.

Long Term Recommendations: Create Multi-Year Affordable Housing Plan

- Recommend New Jersey State Government develops a long term, multi-year affordable housing plan that would give all parties, including townships, a larger vision to align with
- Explore opportunities to enhance coordinating services and operations with capital
- Examples of how other cities and states have used coordinated funding to increase housing production include:
 - Indiana
 - California
 - Washington D.C.
 - NYC + NY State

Additional Resources

- Term Sheet Example from New York State Supportive Housing Opportunity Program (SHOP)

APPENDIX D: ADDRESSING NOT IN MY BACKYARD (NIMBY) WORKGROUP

- Membership
- Major Findings
- Recommendations

MEMBERS

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RECOMMENDATIONS

Develop two types of materials to destigmatize and demystify supportive housing and serve the aging population

- Develop a “primer” on supportive housing: Highlight success stories, with testimonials from the perspectives of older adult residents, neighbors, communities, and care providers in supportive housing
- Develop talking points guide for supportive housing + aging. This can be used by advocates when talking to a variety of individuals and groups with varying levels of pre-existing buy-in. This guide would include background information and strategies for engaging on various sub-topics

Training on Supportive Housing, Reframing Aging and Inclusion.

Training Intended for Multiple Audiences:

- Elected officials, government employees and department leads
- Advocates for Supportive Housing and Healthy Aging
- Developers
- Supportive Housing service providers and care coordinators

Training Resources:

- [CSH's National work](#) on Aging Populations and Supportive Housing
- [New Jersey Advocates for Aging Well](#)



APPENDIX E: AGING IN PLACE: A RESOURCE GUIDE

Expanding Services & Eligibility Workgroup, New Jersey Healthy Aging in Supportive Housing

Overview

The number of older adults in New Jersey is steadily growing, yet the demand for affordable, accessible housing and services far outpaces the supply. Recent projections estimate that more than half of New Jersey's older adults cannot afford necessities as they age. Supportive housing is an evidence-based, proven solution for communities to provide affordable housing with individualized, voluntary wrap-around support services for those in need. It empowers tenants of all ages to thrive and live independently while avoiding the high cost of shelter, hospital, and premature institutional stays. Supportive housing offers a level of service provision and coordination that can delay or prevent placement in a nursing home or assisted living for those who need support to live independently but do not need or want institutional care. About 40% of current supportive housing tenants are age 50 and older. Given that many of those clients may have experienced unsheltered homelessness, they are likely to experience the impacts of aging earlier than their peers who have not struggled with housing stability. Therefore, supportive housing providers must deliver or coordinate services for their clients to age in place. Additionally, we know that while many aging individuals do not need supportive housing, it is equally important to ensure that they are also able to age in place in their homes and in their community.

According to research, 90% of adults age 65 and older want to remain in their homes for as long as possible. We call this aging in place, which means that the older adult makes a conscious decision to remain in their home but are willing to engage in home-based supportive services to make necessary changes or adjustments to their current living situation in order to keep them safe. The ultimate goal of aging in place is to avoid premature institutionalization, like a nursing home. Of course, many older adults will need to go into a nursing home, but the goal is to keep them in their home with services as long as possible.

While housing in the community for older adults is a priority, closing the gap between aspiring to make it possible for older community members to Age in Place and achieving it requires two crucial components—stable housing and vital supportive services. Demographic trends suggest the need for affordable housing, supportive services, and accessible/livable communities is only expected to rise.

This document aims to support and strengthen housing providers and those providing services to older adults within the health and human services sectors, by pinpointing connections to local service funding and community resources that allow older adults to live in their community safely and with dignity.

Document purpose: This Guide outlines New Jersey resources and services to help lower-income older adults reside in the community (including in supportive housing) and prevent premature institutionalization. This Guide does not list each and every resource from federal, state and private resources, but focuses instead on **Community Resource Domains** found to be particularly useful to aging, disabled, and vulnerable populations:

1. Managed Long-Term Services and Supports
2. Aging & Disability Connection/Area Agencies on Aging
3. Rehabilitation and Independent Living
4. State Government Agencies
5. Continuums of Care
6. Public Housing Authorities
7. University Resources
8. Additional Resources and Information



COMMUNITY RESOURCE DOMAINS

This section describes some of the key services, eligibility requirements, and ways to leverage and refer to these key programs.

MANAGED LONG TERM SERVICES AND SUPPORTS: Long Term Services and Supports (LTSS) help older adults and people with disabling conditions and chronic illnesses to cover expenses to accomplish everyday tasks, such as bathing, dressing, fixing meals, and managing a home. The provision of LTSS can play a crucial role in helping people to remain in their homes and communities in comfort, safety, and independence.

- **Managed Long Term Care:** Managed Long-Term Services and Supports (MLTSS) refers to the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare managed care program. MLTSS is designed to expand home and community-based services, promote community inclusion and ensure quality and efficiency. For information on services covered and how to apply for these services, control + click on this link: [Department of Human Services: Division of Medicaid Assistances & Health Services.](#)
- **Program of All-Inclusive Care for the Elderly (PACE):** This program is designed for older people who meet criteria for nursing home admission but wish to live at home as long as possible. The program involves an interdisciplinary team that includes physicians, nurses, physical and occupational therapists, social workers, dieticians, and drivers. The services are typically provided in an adult day health center and are available every day. The program provides transportation to the center. However, some services may be provided in the home. For information on services covered and how to apply for these services visit the [Department of Human Services: Division of Medicaid Assistances & Health Services.](#)
- **New Jersey Personal Preference Program:** PPP offers Personal Care Assistant (PCA) services so that individuals can remain in their homes. PCA tasks are non-emergency and health related, and can also assist with ADLs such as dressing, bathing, light housekeeping and meal prep. For more information and eligibility criteria, visit [NJ Personal Preference Program \(PPP\)](#).
- **The Statewide New Jersey Respite Care Program** provides short term and/or periodic breaks to caregivers on a sliding scale cost system. Examples of reasons a caregiver may seek respite include: caregiver is going on vacation, caregiver has surgery or medical needs to take care of, caregiver needs time for self-care, errands, appointments. You can check eligibility criteria here: [State Respite Care Program](#).

- Private insurances may cover the cost of in-home care by licensed provider agencies

AREA AGENCIES ON AGING

Area Agencies on Aging provide information, assistance, and access to resources for older adults and their family members within targeted geographic areas. Area Agencies on Aging connect referrals to organizations that provide direct care, caregiver respite, transportation, diet and nutritional services, legal help, and insurance assistance. AAA may also have Housing Navigators that can assist with a search for affordable/low-income housing options for seniors.

AAA is designated in each of New Jersey's 21 counties to serve as the primary entity responsible for developing comprehensive, coordinated systems of community-based services for older adults. For more information, control + click here: [Area Agencies on Aging](#)

REHABILITATION AND INDEPENDENT LIVING

The goal of rehabilitation is to help individuals with disabilities attain their highest level of independence and quality of life. Independent Living is a way of looking at disability that puts the individual first and the disability second.

- I Choose Home. Also known as Money Follows the Person, this is a federal program with two main goals: 1) move people out of nursing homes and developmental centers back into the community; and 2) re-invest Medicaid dollars saved back into home and community-based services to grow the system. For more information, control + [click here](#).
- New Jersey Assisted Living Program (ALP) ALP services are specially licensed and designed to be delivered in subsidized senior housing communities. APL is a state certified program to provide a full set of assisted living services to support senior housing residents with their activities of daily living. This model brings together a team of on-site nurses, social workers, and health aides to ensure residents are able to safely age in the community. For more information, control+ [click here](#)
- [HMFA's Services for Independent Living \(SIL\) program](#)
- In-home Physical Therapy and Rehabilitation Services: Since the pandemic, many therapists have transitioned to telehealth models, making therapy more accessible and transportation less of a concern. [FOX Rehabilitation](#) and [Fellowship Senior Living](#) offer in-home services as well as telehealth.

- Home Modifications: Simple home modifications and adaptive equipment (from medication reminders to motion sensors, or safety bars and adaptive toilet seats/rails) can make a huge difference in a senior's ability to safely navigate their home.

Occupational Therapy services can help assess and recommend interventions and modifications to increase both safety and the older adult's ability to complete ADLs more independently. Agencies like Premier Home Healthcare can help in navigating these needs

- New Jersey State Independent Living Council: NEW JERSEY STATE INDEPENDENT LIVING COUNCIL - Home (njsilc.org)
 - Represent the interests of NJ's cross-disability population

STATE GOVERNMENT AGENCIES

The State Government agencies listed below offer services that may be beneficial for your aging clients. There are services offered around end-of-life care, services for the aging population, housing needs and supports, and more.

Department of Mental Health Services (DMHAS):

- Provides funding for mental health services

Department of Health (DOH): Department of Health for the State of New Jersey | Homepage (nj.gov)

- Has offices on End-of-Life care, Long Term Care Resilience, Minority and Multi-Cultural Health care

Department of Human Services (DHS): Department of Human Services Department of Human Services (nj.gov)

- Provides services around Aging, Disability, Mental Health and Addiction
- Division of Aging Services Program: Department of Human Services | Aging Services (nj.gov)
- Division on Medical Assistance and Health Assistance: Department of Human Services | Division of Medical Assistance and Health Services Home (nj.gov)

Department of Community Affairs (DCA): <https://nj.gov/dca/>

- Information on eviction prevention, housing resources, and housing supports
- New Jersey Housing and Mortgage Finance Agency (HMFA): [New Jersey Housing and Mortgage Finance Agency \(nj.gov\)](https://nj.gov/hmfa/).

Department of Children and Families (DCF): [DCF \(nj.gov\)](https://nj.gov/DCF/)

- Grandparent and Relative Caregiver Resources: DCF | [Kinship Navigator Program \(nj.gov\)](https://nj.gov/DCF/kinship-navigator-program).
- Division on Women: DCF | [Division on Women \(nj.gov\)](https://nj.gov/DCF/division-on-women).

CONTINUUMS OF CARE

The Continuum of Care (CoC) programs promote community-wide commitment to the goal of ending homelessness. CoCs provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. Access to supportive and affordable housing programs go through the local CoCs. If you are working with an elderly community member that is currently in unstable housing, homeless or at risk of homelessness, contact your local CoC for more information on how they may be able to assist.

HUD has mandated that communities receiving Federal Assistance for housing resources utilize a Coordinated Entry System. Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. This document answers several frequently asked questions about coordinated entry and HMIS.

For more information on HUD's Coordinated Entry Policy, visit: [The HUD Exchange Coordinated Entry FAQs](https://www.hudexchange.info/2017/03/20/coordinated-entry-faqs/)

For information on New Jersey's Continuums of Care, including contact information, visit: [The HUD Exchange](https://www.hudexchange.info/2017/03/20/coordinated-entry-faqs/)



PUBLIC HOUSING AUTHORITIES

While there are several housing voucher and subsidy programs available, not all of them are accessible to seniors. Possible vouchers to explore the availability of local PHAs are listed below. Click [here](#) to see where your local PHA is.

Emergency Housing Voucher (EHV) Targeted to assist individuals and families that are homeless, at risk of homelessness or fleeing domestic violence, dating violence, stalking, sexual assault or human trafficking

- [NJ Department of Community Affairs | August 03, 2021 -Emergency Housing Vouchers Public Notice](#)

Housing Choice Voucher (HCV) Targeted to assist very low-income families, the elderly and the disabled.

- [Housing Choice Voucher Fact Sheet](#)

HUD 811 Mainstream Housing Choice Voucher (HCV)

- Can be issued by local PHAs for members moving out of an institution or Nursing Facility or for people who are Homeless or At Risk
- [Background info on Mainstream 811 vouchers](#)

Section 8 HCV - From 2016 or 2019 public application submissions

Project Based Vouchers

- Includes the Money Follows the Person Housing Partnership Program (MFPHPP) which requires a [range of accessibility requirements](#)

*If seniors meet certain criteria (for example, are chronically homeless or fleeing domestic violence), they may be eligible for subsidies not listed here

For a list of New Jersey's Public Housing Agencies, [Click Here](#)

For a list of Section 8 Waiting Lists, [Click Here](#)

UNIVERSITY RESOURCES

Universities support the public good and promote the welfare of the communities they serve. Often universities are part of the anchor institutions in a community. They can also be a wealth of resources and support through internships and consultative relationships.

Rutgers School of Social Work: Rutgers Social Work student interns who can receive a field placement in various agencies. These students can assist in researching programs, best practices, and new research on services and supports for the aging/elderly. Rutgers also has an Aging Certificate that Social Work students can earn, gaining insight and expertise on how to best serve out older community members.

- Rutgers also has Occupational Therapy programs and may be able to provide students to consult with your agencies and help conduct needs assessments

There are many other colleges and universities throughout New Jersey that may offer intern placements and other consultative services

ADDITIONAL INFORMATION

Hospice Care: Hospice Care is a program of care and support for people who are terminally ill. It is primarily a concept of care, not a specific place of care. Hospice care usually is provided in the patient's home; however, it also can be made available at a special hospice residence. Hospice is a combination of services designed to address not only the physical needs of patients but also the psychosocial needs of patients, their loved ones. [Click here](#) for more information on hospice services and provider locations throughout New Jersey

Food Security: Many elderly community members struggle with food security as well as maintaining a healthy and balanced diet. Below are resources that can help:

- NJ Supplemental Nutrition Assistance Program (NJ SNAP): [NJ SNAP](#)
- Medicare Meal Delivery Services: [Medicaid Meal Delivery Services and Qualifications \(senior-meals.org\)](#)
- Meals on Wheels (available in all counties; a quick google search will take you to the best link for your area).

Preventing Elder Abuse/Adult Protective Services: Unfortunately, older folks can sometimes be easily taken advantage of or not given the proper care that they need and deserve. If you think that an elderly person you are working with is being abused, mistreated, or taken advantage of, contact the [Department of Human Services | Adult Protective Services \(APS\) \(state.nj.us\)](https://www.state.nj.us/humanservices/doas/services/aps/).

Transportation Resources:

- [The Official Web Site for New Jersey Department of Transportation \(state.nj.us\)](https://www.state.nj.us/transportation/)
- <https://www.state.nj.us/humanservices/doas/services/aps/>, (specific to persons with disabilities)

Energy Assistance: [NJDEP-Air Quality, Energy & Sustainability-Bureau of Energy and Sustainability-Incentives](https://www.state.nj.us/dep/air-quality-energy-sustainability/bureau-of-energy-and-sustainability/incentives/)

Eviction Prevention Resources: [NJ's Eviction Prevention Program | \(poanj.org\)](https://www.state.nj.us/doas/programs/eviction-prevention-program/)

NJ Division of Aging Services Program Guide: [Department of Human Services | DoAS Services & Supports \(state.nj.us\)](https://www.state.nj.us/doas/services-supports/)

- Provides information and resources on everything from Adult Day Care options to fall prevention and health education



KNOWING WHEN IT'S TIME TO EXPLORE A HIGHER LEVEL OF CARE

While the main goal of this guide is to help you put things in place so that your client can safely age in their own home, it's equally as important that you recognize when your client may need a higher level of care than what is offered through Supportive Housing interventions.

This can be especially true when you are working with individuals who have long histories of living outside or unsheltered, severe mental illness, and substance use disorders. We know that all three of these factors can contribute to complications with aging.

WHEN IT'S TIME TO RECONSIDER AGING IN PLACE

While not an exhaustive list, here are some points to consider with regard to your client aging safely in place and signs that a higher level of care may be needed:

Hazardous Unit Conditions: If your client is unable to maintain a safe living environment even with the support of ADL services and your assistance. These hazards can include:

- Hoarding
- Spoiled/rotten food or food not being stored properly

This can lead to illness as well as infestations

- Environmental hazards such as leaving water running, leaving the stove or burners on and creating a fire or flood risk

Fall Risk

Severe Cognitive Challenges

- Not remembering or recognizing people/providers, unable to take medications (even with prompts)
- Unable to use a phone
- Severe agitation

LESSONS LEARNED IN SH

Elderly supportive housing clients will typically begin exhibiting signs of aging (decreased mobility, cognitive decline, etc.) earlier than the rest of their peers. These challenges can be further complicated when there are other factors such as mental illness and substance use at play. These factors can make it very hard to determine the source of certain behaviors or complications. Is the extreme agitation your client is displaying due to physical pain? Is it substance use related? A symptom of mental health? It can be challenging to discern what the root cause is, and thus how to most effectively intervene. It can also lead to challenges with provider agencies- if a mental health provider is convinced the behaviors being displayed are substance use related, they may defer to SUD providers for intervention, or even refusal to provide care until their substance use is under control. Or vice versa- the SUD providers might feel this is a job for the mental health professionals. Lack of mobility, comorbid conditions, and cognitive decline can all come together in a sort of perfect storm that makes providing the most appropriate care through the most appropriate interventions challenging.

It can also be really challenging to recognize when it's time to explore a higher level of care when you are so close to the situation, and your client may even be pleading with you to help them stay at home. It's important to have a care team that maintains good communication and is regularly checking in at wrap-around meetings and evaluating how things are going in order to ensure that the necessary conversations and interventions are happening.

GUARDIANSHIP

It can be incredibly difficult when your client is refusing to explore or agree to further intervention. In extreme cases, you may be able to look into appointed guardianship. Guardianship can be petitioned when a person is a serious danger to themselves and unable to meaningfully participate in their own care and well-being. An appointed guardian can be a family member or friend of the client, or the guardian may be appointed from an agency that specializes in this. The guardian can make decisions on what care is needed, such as a nursing home placement, as well as help manage appointments, medications and finances.

It's incredibly important that you document everything with your client. Diligent notes, detailed incident reports for any out-of-the-ordinary incidents (such as falls, damage to home, medication errors, hospital visits), notes from wrap around service meetings and meetings with other care providers, etc. are all important in helping to paint a clear picture around why guardianship is the safest and best option for your client.

For more information on guardianship, go to: [Guardianship Support / Guardianship Monitoring Program \(njcourts.gov\)](https://njcourts.gov/guardianship-support/guardianship-monitoring-program)

To see an application and for more information on the application process, go to: [How to Apply for Guardianship of the Person and Estate \(Property\) of an Individual Eligible for Services from the Division of Developmental Disabilities \(DDD\) \(njcourts.gov\)](https://njcourts.gov/ddd/apply-guardianship)

For information on how and when to file an Adult Protective Services concern, go to: <https://www.state.nj.us/humanservices/doas/services/aps/C>

APS can also assist in petitioning for and appointing a guardian when there are no familial or personal options. For more information on this, go to: [Department of Human Services | Office of the Public Guardian for the Elderly \(state.nj.us\)](https://www.state.nj.us/humanservices/doe/elderly)



APPENDIX F: QUICK START GUIDE: REFRAMING AGING & SUPPORTIVE HOUSING

- Reframing Supportive Housing + Aging: A Quick-Start Guide to Countering Stigma and “Not in My Backyard” Sentiment in Everyday Conversations



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