What do we hope to achieve?
Older adults with disabilities or serious health conditions can access high quality, community-based housing and supports to sustain their independence and successfully age in place in their homes and communities, resulting in a reduction of people inappropriately placed in nursing homes.

What do we know so far?
Promising Trends:
- A 2011 AARP survey found 90% of respondents over age 65 want to remain in their homes.
- States are rebalancing Medicaid long-term care systems and their investments in support services for seniors toward community care and away from institutional care.
- Increase in community-based housing models such as supportive housing and congregate senior housing; expansion of developments integrating housing with services such as PACE and SASH.

Problematic Trends:
- 40% of 65+ households have very low incomes of less than half the local area median income.
- U.S homeless population is aging and the number of homeless elderly will double by 2050, and the health of older homeless is deteriorating at rates much faster than the general population.
- Affordable housing for the elderly is not keeping pace with demand; existing housing stock is not designed for seniors to age safely in place, including supportive housing residents 61 years+, which have been increasing at an average rate of 9% a year from 2012-2014.

How is CSH making a difference?
Capacity building: Provide technical assistance to create integrated housing and service models to meet the unique needs of an aging homeless population and supportive housing residents aging in place; support rigorous evaluation on innovative community-based housing and services programs.
Increasing housing: Increase CSH’s lending efforts to create new units for disabled elderly; advocate for expanded federal, state and local funding for supportive housing for older adults; support regulations and tax incentives promoting accessible design.
Promoting Integrated, Home-Based Care: Work with states to implement expanded Medicaid HCBS options under the Affordable Care Act.
KEY PARTNERS

Medicaid and Managed Care Organizations: Increase access to comprehensive, community-based support Services that promote whole health and maximize choice, independence and community connection for older adults with disabilities.

Federal, State and Local Housing Agencies: Increase access to vouchers and affordable/accessible community-based housing options for the disabled elderly population.

Senior Services Sector: Improve quality in community-based services for disabled seniors; increase knowledge of supportive housing and embed it as a choice in the continuum of community-based housing options to help vulnerable seniors, especially those with complex health and behavioral health issues, age in place.

Elder Advocacy Organizations: Educate policymakers and the general public about the vast and growing unmet housing and service needs of homeless and other vulnerable older adults; Advocate for policies that increase the availability of integrated, accessible and service-enriched housing options for disabled seniors in the community.

CALCULATION OF SUPPORTIVE HOUSING NEED

CSH estimates that 19% (226,033) of the 1,189,646 identified by the Centers for Medicare and Medicaid Services have needs consistent with supportive housing. This percent estimate was developed by looking at the overall percentage of people in nursing home care that have zero to three impairments of Activities of Daily Living and no more than mild cognitive impairment. This estimate is supported by demographic shifts that indicate higher rates of aging adults in private and public housing, supportive housing, and homelessness.

This is part of a national supportive housing needs assessment prepared by CSH. The goal of this assessment is to use the best data available to make clear and transparent projections of supportive housing need, foster development of national level data, and promote discussion and refinement of this assessment over time. CSH is using a point in time, or average daily census, approach to assemble data across different systems of care. The intention is to show current snapshot of need in each system and does not represent need over time or annualized need for any single system of care. For further information on the national needs assessment, data and sources, please visit www.csh.org/data.