

# **Coalition on Solutions to Homelessness Among Older Adults: Advancing Master Plan Goals**

*Policy Recommendations*  
*August 2021*



Ziman Center  
for Real Estate



National Alliance to  
END HOMELESSNESS



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# Coalition on Solutions to Homelessness Among Older Adults: Advancing Master Plan Goals

Across the nation and throughout the state of California, the homeless population is growing older.<sup>1</sup> With older adults making up the fastest-growing segment of California's homeless population, attention to older adults experiencing or at risk of homelessness must be a key part of the state's strategy to solve its homelessness crisis. A 2020 report from USC estimates that Los Angeles County will see a 5% increase in the number of older adults experiencing homelessness and a 103% increase among those 65 and older by 2030.<sup>2</sup> A study of homeless older adults living in Alameda County found nearly half of those participating experienced their first episode of homelessness after the age of 50.<sup>3</sup>

Older adults experiencing homelessness face significant medical complications which lead to premature aging and physical conditions that far exceed their biological ages. While the focus of the Master Plan on Aging is adults over age 60,<sup>4</sup> research shows adults over 50 experiences geriatric and medical conditions that lead to decreased functional abilities and cognitive decline at rates on par with housed counterparts who are 20 years older.<sup>5</sup> As a result, researchers report concerns that health care and nursing home costs will increase significantly as this population ages and will present challenges to traditional approaches of screening, prevention, and treatment of chronic diseases in an aging homeless population.<sup>6</sup>

## Policy Recommendations:

To guide state policy on homelessness among older adults, a coalition of aging and housing providers and advocates, along with disability rights advocates, urges the State consider the following recommendations:

- 1. Create a Targeted Rental Subsidy Program** providing grants to community-based agencies serving older adults at risk of or experiencing homelessness.
- 2. Use Assisted Living Waiver and Home and Community-Based Alternatives Waiver Programs** to promote integration of housing and services, allowing older adults to remain independently housed or gain access to independent housing.
- 3. Pursue Additional Opportunities to Integrate the Program for All-Inclusive Care for the Elderly** into supportive housing.
- 4. Increase the State Supplemental Payment** to allow older adults to access and maintain housing stability.

<sup>1</sup>The Emerging Crisis of Aged Homelessness" Culhane, Treglia, Byrne, Metraux, Kuhn, Doran, Johns, Schretzman <https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness.pdf>.

<sup>2</sup>Gabriel, Ian, and Victoria Ciudad-Real. University of Southern California. Homelessness Policy Research Institute, 2020, *State of Homelessness in California Fact Sheet*. <https://socialinnovation.usc.edu/wp-content/uploads/2020/02/Homelessness-in-CA-Fact-Sheet-v3.pdf>.

<sup>3</sup>Brown RT, Goodman L, Guzman D, Tieu L, Ponath C, Kushel MB (2016) Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. PLoS ONE 11 (5): e0155065. doi:10.1371/journal.pone.0155065

<sup>4</sup>California Department of Aging. *Master Plan for Aging*. Jan. 2021. pp. 5-7.

<sup>5</sup>Brown, R.T., Hemati, K., Riley, E.D., et al. Geriatric conditions in a population-based sample of older homeless adults. (2017). *Gerontologist*, 57(4), 757-766. doi:10.1093/geront/gnw011.

<sup>6</sup>"The Emerging Crisis of Aged Homelessness" Culhane, Treglia, Byrne, Metraux, Kuhn, Doran, Johns, Schretzman <https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness.pdf>.

## **Recommendation #1: Create a Rental Assistance Program to Prevent & End Older Adult Homelessness Through Ongoing Funding of \$300M, Advancing the Goal of Increasing Housing Options for Older Adults**

### **Rental Assistance is Key to Reducing Homelessness**

Research from the Center on Budget and Policy Priorities shows rental assistance is highly effective at reducing homelessness. In fact, rental assistance is more effective than all other programs, except Social Security, at allowing households to avoid or exit homelessness.<sup>7</sup> In California, project-based rental paired with capital programs, such as HomeKey, would create supportive and affordable housing opportunities in community-based settings. Tenant-based rental assistance, which would allow older adults to afford private-market housing, could house tens of thousands of older adults quickly. Studies show both forms of rental assistance are coupled with reductions in use of acute care facilities, nursing homes, and jails.

### **Recommended Programmatic Details:**

**Eligibility:** We recommend providing rental assistance to households with a member age 50 and older if the household is either *experiencing homelessness* under the U.S. Department of Housing and Urban Development (HUD) definition, or is *at risk of homelessness*.<sup>8</sup> We recommend defining *at risk of homelessness* as—

- Households with deeply low incomes of 20% or below of the area's median income, who are
- Severely rent burdened (paying more than 50% of income on rent), and
- Meet one or more of the risk factors for homelessness:
  - Living in census tract with a high area of deprivation,
  - Having experienced one or more previous incidents of homelessness,
  - Receiving services from multiple county agencies,
  - Paying for a hotel room, but no longer able to pay,
  - Exiting an institution as Black, Indigenous or a Person of Color,
  - Living doubled-up (i.e., staying with family or friends), but told by the lease holder to vacate;
  - Experienced a death of family member or separation or divorce from adult partner;
  - Living in a nursing facility, but could live independently with rental assistance; or
  - Exiting the justice system.<sup>9</sup>

**Administration:** We recommend the Department of Housing & Community Development, as the state's primary housing agency, administer the competitive grant program provided to community-based organizations, homeless Continuums of Care, and local housing authorities. We also recommend developing a collaboration between HCD and the Departments of Health Care Services and of Aging, particularly to align rental assistance with services made available through Medi-Cal (see more details below). HCD should offer grants to community-based non-profit homeless service and housing providers, homeless Continuums of Care, or housing authorities with cultural competency, capacity, and cross-sector partnerships to—

- Help eligible populations access available housing opportunities,
- Link people to other community resources to provide services,
- Refer people through the jurisdiction's coordinated entry system, to the extent possible, and
- Provide a "no wrong door" approach to accessing rental assistance by partnering with county social services systems, housing authorities, and other federal, state and local programs (i.e., Home Safe, Medi-Cal providers, organizations offering food stability, and other community-based providers).

<sup>7</sup> Fischer, Will, et al. "Research Shows Rental Assistance Reduces Hardship and Provides Platform to Expand Opportunity for Low-Income Families." *Center on Budget and Policy Priorities*, 5 Dec. 2019, [www.cbpp.org/research/housing/research-shows-rental-assistance-reduces-hardship-and-provides-platform-to-expand](http://www.cbpp.org/research/housing/research-shows-rental-assistance-reduces-hardship-and-provides-platform-to-expand).

<sup>8</sup> Because our Coalition is focused on older adults and the aging of our homeless population, we concentrated the program on older adults.

<sup>9</sup> T. Von Wachter, M. Bertrand, H. Pollack, J. Rountree. "Predicting & Preventing Homelessness in Los Angeles." California Policy Lab & Urban Poverty Lab. Sep. 2019. [https://www.capolicylab.org/wp-content/uploads/2019/12/Predicting\\_and\\_Preventing\\_Homelessness\\_in\\_Los\\_Angeles.pdf](https://www.capolicylab.org/wp-content/uploads/2019/12/Predicting_and_Preventing_Homelessness_in_Los_Angeles.pdf).

### **Master Plan on Aging Alignment**

MPA, Initiative 9: Explore opportunities to increase availability of housing options with "housing for health" strategies.

Assistance should be designed to be flexible enough to be disbursed to either a landlord or tenant directly.

### **Eligible Uses:**

Community-based grantees could use grant funding for—

- Shallow rental subsidies to people who are sharing housing with others or who have incomes, but their incomes are insufficient to remain stably housed;
- Deep rental subsidies to pay for a significant share of the participant's housing costs, either in private-market housing or in an affordable or supportive housing project that is receiving capital subsidies; and
- Landlord incentives to encourage landlords to accept tenants with rental assistance.

### **Accountability:**

Strong accountability measures should include—

- Regular reporting on housing retention and tenant satisfaction surveys,
- Monitoring of grantees, including monitoring referral into the program to prevent “creaming,”
- Use of the local Homeless Management Information System to allow for data review through the State’s Homeless Data Information System platform,
- Quality standards,
- An evaluation, and
- A process for people rejected to pursue a grievance.

We further recommend incorporating equity measures to help close the equity gap, including prioritizing communities that reflect where renters face high rates of displacement, gentrification, and homelessness (potentially using the HUD Affirmatively Furthering Fair Housing website).

### **Master Plan on Aging Alignment**

#### **MPA, Initiative 117:**

Further develop the network of housing needed to end homelessness, prevent older and other at-risk individuals from falling into homelessness, and provide expanded supports at housing placements.

### **Budget Request**

We recommend funding this pilot through a **budget proposal of \$300 million per year, ongoing, through State General Funds**. We estimate this funding **would prevent and end homelessness for almost 25,000 Californians through a mix of shallow and deep rental subsidies**, averaging \$500-750 per month for shallow subsidies and about \$1,200 per month for deeper subsidies (for rent of \$1,500-1,600 per month). Ongoing funding is critical to prevent any recipient from returning to homelessness.

Other states provide rental assistance to people experiencing or at risk of homelessness. Minnesota's Bridges program offers rental assistance for people waiting for a Housing Choice Voucher, and Washington's program offers project-based vouchers for people experiencing homelessness.

## **Recommendation #2: Use Medi-Cal Home and Community-Based Services Waiver Programs to Meet the Goal of Bridging Health Care with Home & Increasing Access to Healthcare Services**

### **Persons Experiencing Homelessness Need Medi-Cal Funded Services to Live Independently**

Our homeless and health systems have successfully integrated Medi-Cal funded services with housing, but not at a systematic or scalable level we need to achieve the goal of ending homelessness among older adults. Even supportive housing does not typically offer services that address cognitive deficits or functional challenges that older adults experiencing homelessness often face. This failure leaves older adults who need higher level of care with few options when exiting homelessness, other than placement in institutional settings. It also limits older adults' ability to age in place and may lead to premature institutionalization.

### **Assisted Living Waiver and Home & Community-Based Alternatives Waiver Programs**

Home and Community Based Services (HCBS) Waivers allow states to develop alternatives to nursing or other institutional care.<sup>10</sup> The Assisted Living Waiver and Home and Community-Based Alternatives Waiver programs help Californians at risk of institutionalization to secure or maintain independence at home. If paired with supportive housing, both programs could help fill a gap in our housing continuum.

	<b>Assisted Living Waiver Program<sup>11</sup></b>	<b>Home &amp; Community-Based Alternatives Waiver Program<sup>12</sup></b>
Currently Available in	15 counties	All 58 counties
Eligibility	Age 21 or older, eligible for full-scope Medi-Cal with no share of cost, have nursing facility care needs, able to safely reside in a Residential Care Facility for the Elderly (RCFE), Adult Residential Care Facility (ARF), or publicly subsidized housing	Eligible for full-scope Medi-Cal with no share of cost and have care needs equivalent to Medi-Cal beneficiaries needing a nursing facility, sub-acute facility or hospital level of care
Types of services offered	Care & nursing facility transition coordination, personal care, medication management, transportation, environmental modifications	Case management, habilitation services, personal care services, medical equipment, respite care, nursing services, environmental modifications, home health aides, private-duty nursing
Providers	<u>Program enrollment &amp; service authorization:</u> Care Coordination Agencies <u>Direct Service providers:</u> Participating residential care facilities (ARF and RCFE), Home Health Agencies, Personal Care Agencies, durable medical equipment providers	<u>Program enrollment and service authorization:</u> Waiver agencies administer benefit in 51 counties, DHCS nurse case managers provide administration coordination in 7 counties. <u>Direct service providers:</u> Care Coordination Agencies, Home Health Agencies, Personal Care Agencies, durable medical equipment providers, respite programs
Cap on enrollment/ waiting list	5,744 enrollment cap. 5,620 individuals are enrolled, with a waitlist of nearly 4,900 (May 1, 2021)	8,500 enrollment cap. 6,004 individuals enrolled, with a waitlist of 351 (May 1, 2021)
Payment	5 payment tiers. Priority for enrolling from nursing facilities, 4 participants enrolled from community.	Based on individualized service authorization. Rates for each service type are set by DHCS
Waiver renewal	5-year term expires Feb. 28, 2024	5-year term expires Dec. 31, 2021 (state plans to extend)

<sup>10</sup>California Department of Health Care Services (DHCS), 1915(c) Home and Community-Based Services Waivers, accessed at <https://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx>, 7.12.2021.

<sup>11</sup> California DHCS, Assisted Living Waiver, accessed at <https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>, 07.12.2021.

<sup>12</sup> California DHCS, Home and Community-Based Alternatives Waiver, accessed at: [https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-\(HCB\)-Alternatives-Waiver.aspx](https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx), 8.4.2021.

## Recommendations to Reform California ALW and HCBAW Programs

To create new housing options to help older adults age independently, we propose the following changes:

- **Collaborate to provide services in less restrictive settings, such as subsidized housing.** ALW services can be offered in subsidized housing, but few subsidized housing projects offer these services in independent, affordable housing. The Departments of Aging, Health Care Services, and Housing and Community Development should partner ensure a portion of housing the state funds offer ALW services. Similarly, the state could pilot a program working with local housing authorities to prioritize older adults eligible for ALW and HCBAW for turn-over Housing Choice Vouchers.
- **Prioritize older adults experiencing homelessness when an ALW or HCBAW waitlist exists.** Homelessness reduces life expectancy and increases the risk of mental illness and substance use.<sup>13</sup> For this reason, the state should prioritize this population for these services.
- **Establish homelessness as a diagnostic and acuity category and adjust ALW and HCBAW payment to reflect higher acuity.** Homelessness puts older adults at greater risk of poor health outcomes, geriatric conditions, falls, and depression. People who have experienced homelessness also have higher health costs and remain hospitalized longer than their housed counterparts.<sup>14</sup>
- **Make homelessness a criterion for higher payment tiers in ALW.** ALW has a complex 5-tier payment framework, with higher funding made available for services for beneficiaries meeting criteria in tiers 4 and 5. Adding “homelessness” and “recent history of homelessness” as an eligibility factor in ALW payment tier 4 and potentially 5 will ensure adequate payment for the intensive services people experiencing homelessness require. The state has the authority to set tier 4 criteria.
- **Allow for site-based ALW and HCBAW service provision through interdisciplinary care teams placed at a housing site.** ALW and HCBAW providers create efficiencies through site-based care.

### Master Plan on Aging Alignment

**MPA, Initiative 59:**  
Consider opportunities for geriatric social workers to participate in interdisciplinary teams

homeless response system in California.<sup>16</sup> An estimated 7% (over 1,000 individuals) will need long-term facility care unless they are able to access ALW services in independent housing,<sup>17</sup> reflecting a strong need for ALW services statewide.

- **Eliminate barriers to building ALW provider capacity.** Allowing for concurrent submission of the Home Health Agency licensing and ALW program applications, and streamlining application and licensing processes, will shorten the two-year period to become a provider, fostering a network.

## STAR APARTMENTS INTEGRATES ALW IN SUPPORTIVE HOUSING

The Star Apartments in Los Angeles serves people with disabilities who have experienced chronic homelessness. Service provider Skid Row Housing Trust partners with Libertana, an ALW provider, to offer residents ALW Services to help them take care of their personal care needs, address cognitive deficits, and allow the population to live independently.

<sup>13</sup> Homeless Policy Research Institute (2019). Older Adults Experiencing Homelessness. Retrieved from <https://socialinnovation.usc.edu/wp-content/uploads/2019/08/Older-Adults-Literature-Review-Final.pdf>, 8.5.2021.

<sup>14</sup> Culhane, D., Metraux, S., & Kuhn, R. (2018). A Data-based Re-design of Housing Supports and Services for Aging Adults Who Experience Homelessness. Retrieved from <https://www.aisp.upenn.edu/wp-content/uploads/2019/01/LA-County-Report.pdf>

<sup>15</sup> Centers for Medicare and Medicaid Services (CMS), SMD# 21-003 RE: Implementation of American Rescue Plan Act of 2021 Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency, accessed at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>, 7.12.2021.

<sup>16</sup> California’s Homeless Data Integration System (HDIS), accessed at <https://www.bcsn.ca.gov/hfc/hdis/demographics.html>, 7.15.2021.

<sup>17</sup> More than 400,000 Californians (nearly 7% of 5.9 million Californians, age 65+) are cared for annually in licensed long-term care facilities according to the California Association of Health Facilities, accessed at: <https://www.caahf.org/About/Consumer-Help/Facts-and-Statistics>, 8.05.2021.

## **Recommendation #3: Pursue Additional Opportunities to Integrate the Program for All-Inclusive Care for the Elderly into Housing in Order to Increase Access to Care Offered in Independent, Community-Based Settings**

### **Program of All-inclusive Care for the Elderly (PACE)**

PACE provides comprehensive medical, behavioral health and social services to eligible older adults on Medi-Cal or dually eligible for Medi-Cal and Medicare. Medi-Cal beneficiaries 55 and over are eligible if they need a nursing facility level of care and are able to reside safely in the community with PACE. PACE helps prevent nursing facility placements, and supports a nursing facility resident's transition to the community.

The federal Centers for Medicare and Medi-Cal Services (CMS) and the California Department of Health Services (DHCS) administer the program jointly. If an individual meets the PACE eligibility requirements and elects PACE, PACE organizations provide services as long as the individual chooses to remain enrolled, regardless of changes in health status. An Interdisciplinary Care Team assesses eligibility and a beneficiary's needs, develops care plans, and delivers services through a richly staffed team that includes a primary care physician, nurse, social worker, physical therapist, occupational therapist, recreational therapist/activity coordinator, dietician, home care coordinator, personal care attendant, and driver. PACE benefits include all benefits offered under Medicare and Medi-Cal: transportation, nutrition services, physical therapy, primary and specialty services, hospitalization, nursing facility care, and prescription drugs. PACE providers receive monthly Medicare and Medi-Cal capitation payments for each dually-eligible participant and an adjusted Medi-Cal capitation payment for Medi-Cal only participants.

### **Promote Opportunities to Integrate PACE into Housing**

To help California reach its *Master Plan on Aging* goal of creating new housing options to help older adults age well, we recommend the following:

- **Foster partnerships between housing developers and PACE organizations.** Housing projects that offer intensive PACE services create ideal integrated housing/services models for formerly homeless older adults. Through collaboration between the Department of Housing and Community Development, the Tax Credit Allocation Committee, and the Department of Health Care Services, the state could match PACE organizations with senior projects by offering incentives to developers partnering with PACE organizations.
  - **Examine the barriers to allowing beneficiaries to access PACE when homeless.** Inconsistencies may exist in whether unhoused people can access PACE. We recommend examining and removing any barriers to people accessing the services they need, regardless of housing status.
- **Create a data-driven methodology for referring individuals to PACE.** Enrolling in PACE is a complex and time-intensive process involving multiple applicant-staff interactions for referral, assessment and enrollment; the process takes over a month. The State should use documented determinants of enrollment<sup>18</sup> to create an efficient, data-driven methodology for referrals to PACE. The determinants for enrollment could include factors related to use of services, such as frequent hospital admissions or emergency department visits, frequent hospital readmission, difficulties making and keeping appointments, and experiencing conditions that require frequent health care visits, like wounds, diabetes, chronic pain, and dialysis.
- **Establish a protocol for certifying PACE organizations as culturally competent to serve older adults experiencing homelessness and encourage developers to partner with those**

#### **Master Plan on Aging Alignment**

**MPA, Initiative 2:**  
Provide tax credits and pursue other strategies to prioritize the types of housing units that are not being produced by the market

<sup>18</sup> Irvin, C., Massey, S. and Dorsey, T, *Determinants of Enrollment Among Applicants to PACE*, Health Care Finance Review, 1997 Winter; 1997(2): 135-153, accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194478/>,

**organizations.** PACE organizations and homeless services providers struggle to partner, given a lack of common professional language, differing perceptions of older adult needs and divergent access requirements, entry points, outreach approaches, assessment tools, and documentation methods. The State should develop training protocols for PACE organizations on the cultural shifts needed to serve older adults with histories of homelessness in PACE, and should certify PACE organizations to enroll older adults experiencing homelessness. Related to an above proposal, housing departments could offer incentives to developers partnering with a certified PACE organization.

- **Promote referrals of older adults experiencing homelessness from the local Coordinated Entry Systems (CES) and hospital discharge planners to PACE-certified organizations.** CES and hospital discharge referrals to PACE-certified organizations will help create a pathway out of homelessness for PACE-eligible older adults experiencing homelessness.
- **Provide state support for a rate-setting and enrollment processing methodology that reflects the challenges people experiencing homelessness face.** The State should include homelessness/history of homelessness as a risk factor and reflect the expected higher utilization and intensity of certain types of services by using proxies to estimate the rate, such as tracking actual costs.

## **WAKELAND'S TALMADGE GATEWAY PAIRS SUPPORTIVE HOUSING WITH ST. PAUL'S PACE PROGRAM**

Fifty-nine older adults who live in Talmadge Gateway Supportive Housing in San Diego enjoy wrap-around medical, behavioral health and supportive services, provided primarily by St. Paul's Senior Services PACE program. The partnership allows formerly homeless older adults a safe place to live and addresses the social and health challenges they need to stay housed. The project enjoys strong community support and is a model for addressing homelessness among older adults.

## **Recommendation #4:**

### **Increase the State Supplemental Payment to Reflect Housing Costs, Meeting the Goals of Preventing Older Adult Homelessness & Promoting the Transition of Older Adults Experiencing Homelessness to Housing & Income Security**

#### **Even with Recent Increase in SSP, Grants Do Not Meet Housing Costs**

Older and disabled adults living on SSI do not receive enough in monthly benefits to afford rent. Their poverty often results in homelessness among those who are, by definition, unable to work. Individuals on SSI in California currently receive \$954.72, with four different benefit levels for individuals or couples. While the State increased the State Supplemental Payment (SSP) in this fiscal year's budget, this increase will not significantly decrease the gap between grant levels and the cost of housing in California. As the *Master Plan on Aging* notes, rent in California exceeds average social security and SSI benefits.<sup>19</sup> Indeed, rents for a one-bedroom housing unit in California costs upwards of \$1,615 per month.<sup>20</sup>

#### **Recommendations**

An increase in income would help prevent and reduce homelessness among Californians on SSI. We recommend the following legislative changes:

- **Use the Elder Economic Index to set SSP payment rates.** The Index is intended to provide a benchmark for what is needed for older and disabled adults to afford housing and other basic necessities, such as food and health care.
- **Put into state law an annual Cost of Living Adjustment for SSP.** An adjustment will avoid an inevitable housing cost cliff from inflation.
- **Fund a higher SSP.** Providing a significant bump in a per person, per month SSP would allow many Californians to exit homelessness and prevent others from becoming homeless. An increase of, for example, \$500 per month would allow a significant number of older adults to avoid or exit homelessness, while also maintaining other important benefits.

#### **Master Plan on Aging Alignment**

**MPA, Initiative 129:** Consistent with the Budget Act of 2018, begin to bring older adult basic income (Supplemental Security Income/State Supplemental Payment and Cash Assistance Program for Immigrants) up to meet Elder Economic Index and Federal Poverty Level, to meet need as funding is available.

<sup>19</sup> California Department of Aging. *Master Plan for Aging*. Jan. 2021. pp. 5-7.

<sup>20</sup> National Low-Income Housing Coalition. Out of Reach 2021: California. <https://nlihc.org>.

***For further information about these recommendations, please contact:***

Alexis Chettiar, PhD, ACNP-BC, Cardea Health,  
at [Alexis.Chettiar@CardeaHealth.org](mailto:Alexis.Chettiar@CardeaHealth.org)

Sharon Rapport, Corporation for Supportive  
Housing, at [sharon.rapport@csh.org](mailto:sharon.rapport@csh.org)

Erika Cervantes, Corporation for Supportive  
Housing, at [erika.cervantes@csh.org](mailto:erika.cervantes@csh.org)

Meghan Rose, LeadingAge California, at  
[mrose@leadingageca.org](mailto:mrose@leadingageca.org)

Christina Miller, National Alliance to End  
Homelessness, at [cmiller@naeh.org](mailto:cmiller@naeh.org)

Eve Gelb, SCAN Health Plan, at  
[egelb@scanhealthplan.com](mailto:egelb@scanhealthplan.com)

Jan Perry, Shelter Partnership, at  
[jperry@shelterpartnership.org](mailto:jperry@shelterpartnership.org)

Grace Yoo, St. Barnabas Senior Services, at  
[gyoo@sbssla.org](mailto:gyoo@sbssla.org)

Janny Castillo, St. Mary's Center, at  
[jcastillo@stmaryscenter.org](mailto:jcastillo@stmaryscenter.org)

Cheryl Wilson, St. Paul's Senior Services, at  
[ceo@stpaulseniors.org](mailto:ceo@stpaulseniors.org)

Christina Green, UCLA Ziman Center for Real  
Estate, at [christina.green@anderson.ucla.edu](mailto:christina.green@anderson.ucla.edu)

Yelba Carrillo, United Way of Los Angeles  
(UWGLA), at [ycarrillo@unitedwayla.org](mailto:ycarrillo@unitedwayla.org)



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