



## Dane County Senior Housing Challenges: Resources & Stories

I've received an influx of housing calls from customers that have lived in their apartments for many years, at an unsubsidized rent amount they could afford. These customers shared that their complexes were bought by a new management company and the rent increased significantly. As a result, when they went to renew their lease, they were told they no longer meet the income rental requirements. Or, they simply knew they could not afford the new rent, as their income is fixed. These customers called the ADRC seeking other affordable housing options. These were people with a consistent, yet fixed income, people who had a good rental history, as they lived in their apartments for many years. Yet, there were few available and affordable housing options to offer these customers. *(ADRC I&A)*

I have two older adults who live in apartments. They are not allowed to take in family members, but both have done so out of desperation. They both have taken in their kids due to lack of apartment options for their kids. Their kids have money/jobs, but there are no apartments available that are sustainable. The other problem is their financial credit. If someone has a bad credit history or criminal history they are limited to be accepted by any landlords. They don't even have a way to be given a chance. One adult child was so desperate she started applying for apartments in her mother's name. *(DeForest Case Manager)*

This story represents how frustrating the search for housing can become for some of our clients and how through that frustration, and an ever changing set of cell-phone numbers how difficult it becomes for a Case Manager. (2016) 61 year old client; 32 years gainfully employed as a school bus driver. Arthritic knees forced early retirement. Spent all of their savings trying to remain in market-rate housing, Evicted after falling behind on rent. Finally got in touch with SMCE. CM finally succeeded in getting the client reassessed via VI-SPADAT. (2017) Bounced around temporary/emergency housing (Salvation Army, DAIS, YWCA, relatives). Sporadic communication with SMCE. Finally set up with [local housing] on wait list. (2018) Top of the list for [housing] apartments after a year as of 4/30/18. [Apartment management] sent letter to an unknown party who failed to get that information to this client in time. When client finally got the information, they were informed by [apartment management] the client would have to re-apply in order to be, once again, put on the wait list, Client's whereabouts currently unknown. Last contact to SMCE by phone 5/29/18. Changing phone numbers throughout their connection with SMCE, none of those numbers currently valid. That is one sad story... *(South Madison Coalition of the Elderly Case Manager)*

I have a 62-year-old client who will likely become homeless after August 31. The client has lived in one of the senior housing buildings in Fitchburg for six years. The client is on Medicare, MAPP, and receives SSDI and Food Share. The client's lease was recently non-renewed and needs to be out of their apartment by noon on 8/31. Their neighbor, who had been living with her own significant other, has been staying with my client for several months. This person has also been non-renewed so will need to move out by the same time as my client. My client and the neighbor plan to move in together elsewhere... but at this point have nowhere to go. They cannot afford the security deposit and first month's rent, so are planning on living in their car (belongs to the neighbor, not my client) until they can gather enough money and find somewhere affordable. I advised my client to contact Community Action Coalition re: any security deposit assistance they might be able to offer them. *(Fitchburg Case Manager)*

Dane County's Comprehensive Community Service facilitators typically do all of the things that Behavioral Health Coaches do. For example, they help individuals secure resources of any sort they might need (FoodShare, energy assistance, food pantry, etc.), provide information, assist with transportation barriers (linkage to MTM), advocate with landlords, link to other services (physical health, substance use, mental health, etc.), link to peer support, assist participants with self-advocacy, etc. I hear about advocacy with landlords around noise and hoarding behavior. Working with landlords on late payments and plans to address, helping folks through decluttering tasks, etc. lots of case management on helping folks gain access to other necessities so they can afford rent as well as help get/maintain employment. (CCS Case Manager)

I've most recently helped with a couple of "5-day quit or vacate" notices for non-compliance issues like: NSF fees, smoking and hoarding issues. In both cases, I was able to mediate on behalf of the client(s) with the property manager that I was actively working with the client to meet compliance lease requirements with end-date goals. I worked with the last remaining 2018 Elder Abuse & Neglect funds to help the hoarding situation and was able to find a local church to help pay off a NSF check fee for another. Both clients have other behavioral (non-compliance) challenges/issues, but I work fairly closely with both clients to ensure they are regularly attending medical appointments and utilizing RSVP and MTM appropriately to do so.

My last piece of input on this subject matter is the complicated nature and length of housings applications takes a tremendous amount of CM time in assisting them to fill out details, answer question and then obtain the necessary proof documents and/or required information to complete. In addition, many apartment buildings are now requiring on-line applications, a email to correspond with the client about apartment issues and direct deposit payment receipts. Many of our area seniors do not have the money, computer training or resources to deal with computers/emails or physically can't get to the library to do so. The other issue for us in rural NW Dane county is that we literally have two housing units that offer subsidized housing options in a 192-square mile (9 municipality) territory. I'm typically helping seniors move to other areas and out of my service area to more affordable housing units. (NW Dane Case Manager)

I have a couple situations that immediately come to mind. One is a 78-year old veteran whose income is \$1,208 and rent is \$990. He has been on various waiting lists for subsidized housing since 2014. Obviously, without lots of help he cannot afford food utilities or medical care (like eyeglasses and podiatrist which are not covered by his insurance). It is not unusual for me to meet a senior who wants to age in place in their rental unit but the rent keeps going up and income does not. Sometimes the opportunity to move to subsidized housing comes up then they lack the resources to move (due to poor health, limited energy, lack of finances to pay movers, lack of community support to pack, etc.). I just met a homeowner whose income is \$1,400/month. A faulty toilet led to a \$2,000 water bill. After exhausting all his community options for financial assistance, he still owes \$1,000. How's he ever going to pay that? The city (not Madison) won't forgive any of it. Affordable housing is a critical need. (Middleton Outreach Ministry Case Manager)

Examples of how Case Managers prevented homelessness with those who have behavior health needs:

- Set up auto pay for paying rent
  - Help with reviews to continue benefits and income to be able to pay rent
  - Talk to apartment managers to alert case manager if any problems arise
  - Weekly or monthly check ins to help with paranoia or untrue thoughts
  - Phone call checks to make sure appointments are held and medications are being taken
  - Communication with doctors/therapists to help with continuity
  - Hold relationships with neighbors and family members to alert each other of any first signs of problems
- (DeForest Case Manager)

Although her husband was a WWII veteran, Lenore did not qualify for any military benefits, something about length or type of service. She did not understand and could not explain to me. Even when I offered to check into it, she refused and simply stated that her son had done just that and was given the same explanation years ago. They were satisfied that there was no recourse.

At the age of 89, Lenore found that living had become a burden. She often said to me "living is so hard". I asked her to explain. She talked about the old days when seniors lived with their adult children. She found grocery shopping and transportation major challenges. She refused to tell her adult son just how difficult her life was. She said she did not want to worry him. She shared a lot with me. Her son and his acquaintance said that Lenore spoke of me constantly as they exclaimed, "so, you're Elizabeth!"

Lenore subscribed to the New York Times newspaper and found much satisfaction in clipping special articles for me to read. We would then talk about them. Her memory was not diminished. It was almost a year after meeting her before I was able to coax Lenore out of her apartment. I invited her to join other residents in the Community Room during the morning social hour. I assured her that I would meet her there and remain with her. I also assured her that she could just listen and not feel obligated to talk. I promised to meet her and stay with her. I also stated that it was her choice to come for 30 minutes or 15; but, I insisted that it was important that she come. In just a few weeks, I began to notice a difference in Lenore. Over the 10+ years Lenore had lived in her senior apartment, she had some trying experiences which caused her to remain in her apartment.

Lenore left her apartment to check her mail once or twice per week and to grocery shop every two weeks. Lenore experienced so much ongoing theft of food, clothing, etc. that she had maxed out her credit card before her son realized what had happened and took her credit card. Her son's efforts to address the theft from her apartment were never resolved with site management. Site management and the absentee corporate owners always denied that theft was a problem. They regularly stated and implied that something might be wrong with Lenore.

When I met Lenore she was forced to live on about \$1,100/month, almost \$900 of that was for her rent. The blessing was that she had no need of any prescription drugs.

I promised Lenore that I would pursue justice on her behalf and that of all seniors victimized by onsite staff. I believe I've done that. Unfortunately, Lenore passed before I could tell her that justice has prevailed. I think of her often. My greatest regret is that I did not know her longer. She was truly a remarkable lady. *(RSVP staff member)*

In a nutshell, the available housing in our area is so non-existent that we most often experience our seniors leaving our community when they have decided to move to senior housing. Also when it becomes medically necessary for one of our seniors to move to an environment that provides a higher level of care, we too have to see them leave our community. There is one Assisted Living facility in our area, with the exception of another that is actually in Green County and it is very small. A vast majority of our seniors are living independently, some with solid natural supports and they're simply looking for a Senior Campus type way of living, where they can remain independent, socially engaged with their peers and access help with minor needs.

Ways in which I've helped clients with behavioral health needs from getting evicted:

- Find the root of the issue that is making them face eviction (i.e., identify mental health needs and find help (much easier said than done).
- Work directly with property manager to educate them on clients mental health needs.
- Work with client's doctor/therapist/nurse care team to inform them of potential eviction (often I feel the client doesn't totally open up to their medical team to let them know what they're facing).
- Help to educate client of their tenant rights often through the Tenant Resource Center info.

*(Sugar River Case Manager)*

My first response to this is one of remembering mostly positive experiences related to landlords of our two public housing apartment complexes. I've been here at the Stoughton Senior Center for 15 years now. I have been mostly impressed with senior and low-income housing landlords and managers in our community in their ability to work sensitively and compassionately with people with mental health challenges. This includes accommodating disabilities in a variety of ways—altering and adapting communication, meeting with advocates and case managers to problem-solve specific issues, and holding community meetings to address barriers. Also, managers have just been patient, willing to listen, make exceptions where possible, give second chances.

Successes on my end have included advocacy and meetings with landlords to address concerns and to ameliorate conflicts between the tenant and management. Also, there have been a few times I've had to help someone toward the conclusion of having a rep payee to handle finances as an eviction prevention. With a rep payee, rent is sure to be paid. A nice secondary outcome is the client ends up having more money in general to take care of primary needs with a little left over for cushion. Having a cushion helps people feel better in general!

Most commonly, the key to success has been more about strengthening and adding to people's informal networks so that they feel more supported and integrated into community and life. These networks have included friendly visitors, volunteers for miscellaneous tasks, neighbors, a link to church affiliation, connection to a hobby or card group, family, dog walkers for a homebound person's dog, etc. It often takes a lot of little pieces to sustain the whole. *(Stoughton Case Manager)*

Client was issued a nonrenewal on her lease because of her hoarding in September and the client needed to be out of her place by November 1st. I must have filled out 10+ applications for housing with the client. It was really difficult to get housing for this client because of the short time frame, hoarding issue, the nonrenewal on the lease. I found the client a place to live, but she did not have money for a security deposit or moving. Luckily she got financial help from a neighbor and daughter, otherwise she could have gone homeless. I found that there is little to no assistance with security deposits or moving costs in Madison/Monona area.

Client was chronically homeless. I worked with client on filling out applications for YWCA housing and tried to get her a VI-SPDAT through Community Action Coalition. Client ended up moving out of state because she was unable to find housing here and was able to live with her daughter.

We have run into issues with the subsidized housing waiting lists. The lists are at least 1-2 years long if not longer. Clients often are stuck paying high percentages of their social security on rent. Even if clients do get into subsidized housing, they often have to worry about breaking a lease and paying double rent until they can move out of their old apartment.

Clients are used to living in a certain area and are not always able to find affordable housing in the area they are familiar with. *(EMMCA Case Manager)*