

DC Office on Aging Oversight Hearing – 2/12/14 Testimony of Helen King, Social Work Intern at Miriam's Kitchen

Thank you Chairperson Bonds and Members of the Committee for the opportunity to offer comments today. My name is Helen King and I am a Social Work Intern at Miriam's Kitchen. Our mission is to end chronic homelessness in the District. That's why our organization is a leader of The Way Home, a campaign to end veteran and chronic homelessness in D.C. by the end of 2016, supported by over 3,700 individuals and 50 organizations including business, members of the health care industry, and nonprofits.

A person is considered chronically homeless if they have been homeless repeatedly or for years and have a serious illness. This is an extremely vulnerable population. Approximately 60% of people in this category have a current or past mental illness and 80% have a substance abuse disorder. At the same time, more than 50% have life threatening conditions such a hypertension, HIV/AIDS, and liver disease. People who are chronically homeless are dying young of preventable and manageable diseases. The average age of someone who is chronically homeless is in the 50s and life expectancy is 62. Ending chronic homelessness is urgent.

Today I would like focus on the issue of senior homelessness in the District. Very little is known about homelessness among senior citizens in the District and Nationwide. What we do know is that the 2014 point-in-time count revealed 15% of the 3,953 homeless individuals counted, who live on the streets or in shelter, are 60 year old or older. The average time these 593 district residents have been homeless is 21 months – almost two years. A snap shot of data from the coordinated entry system last October showed that 19% of the more than 2300 individuals who had been assessed through coordinated entry were 60 or older. Data from the coordinated entry system lists 70-74 year olds who have been homeless, on average, for 96 months (8 years) and an 85 year old who has been homeless for 30 months (almost 3 years). This data would indicate that these residents began to experience homelessness as senior citizens.

Last November I spoke to a few chronically homeless seniors who currently live in one of the District's low-barrier shelters. In the shelters, seniors are mixed in with younger residents. They are vulnerable to theft, physical harm, and sexual attack. They don't sleep in the shelters, and they feel that it's too dangerous for them to fall asleep outside. One man told me "It's no good to be homeless, you are vulnerable to everything." The men I spoke to did not want special treatment, they simply want a place to call home that they can afford.



It is less expensive for the District to end chronic homelessness than to manage it. Without the stability of a home, people who are chronically homeless are often in a state of crisis, moving from the shelter, to the hospital and jail, only to be discharged back to the street. Providing housing and services as needed drastically reduces the use of emergency services and the cost to the community, and more importantly, people get better. Scores in the coordinated entry systems show that sixty-eight percent of the seniors assessed need some support to return to housing, but once stable might only need a rent subsidy.

There is little research into the causes of homelessness within this population, and even less research on the unique interventions and needs. We don't need research to tell us that the best known solution for homelessness is to prevent people from becoming homeless in the first place. Miriam's Kitchen stands beside the Senior Advisory Coalition's recommendations for ensuring permanent supportive housing using the housing first model, local rent supplement vouchers, and an adequate inventory of affordable housing is available for our seniors. We also support increasing the capacity for DCOA to assist seniors with housing challenges, including home modification programs that are key to preventing homelessness.

Thank you,

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