

# Providing Community Based Care to Aging Adults Experiencing Homelessness

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**Project Description:** I wanted to address the care provided to aging experiencing homelessness in a community setting. At Medical Respite we are increasingly caring for older homeless adults with age related cognitive and functional impairments. I believed I should do this in order to identify the care needs of this population and establish a baseline standard of care.

**Outcome - Oriented Objective:** To develop and implement basic standards of care for the aging homeless population in the community. These standards included: falls prevention strategies, providing support and preparing for any living situation, robust behavioral health support, expertise in the path to conservatorship, and staff training.

**Solution:** I initially proposed:

- A Social Worker dedicated to clients who need long term placement as well as robust social work relationships with Public Guardian and the Conservator's Office.
- A strong partnership with Health at Home. First to provide an intensive environmental assessment for areas in the facility with high fall risk, but also to provide further assessment for disposition needs for clients over the age 65 regardless of placement needs. Tracking falls as an outcome and indicator of this metric.
- Robust staff training.
- Planning Ahead: supporting clients in Advanced Directives planning.

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## Results

- Are still pending. When COVID-19 became a reality, I was deployed as a Disaster Service Worker to set up Isolation and Quarantine sites for people experiencing homelessness. When I returned to my usual position, it was equally impacted by COVID-19 and my CHIP was put on hold.
- I started this project in January 2019. In January 2020 we were beginning our implementation phase. Due to the COVID-19 pandemic, we never implemented this project.

## Baseline Data

- Data person was deployed in the COVID-19 response and was unable to provide the baseline data reports. I could not access the database without this person's support.
- Falls:
  - 72% clients over age 60
  - 25% resulted in EMS/ED activation
- Behavioral Health Staffing: 0
- Health at Home referrals: 0
- Facility Assessment: 1
- Staff Trainings: 1
- Advanced Directives: 0

## Next Steps

- A focus on caring for the elderly homeless client was disrupted by the COVID-19 response.
- Currently 7 staff members are deployed to San Francisco's COVID-19 response and our program is spread across 2 sites. We do not have the adequate staffing to pursue the project at this time.
- This work is still needed and is ongoing. Role of Medical Respite has shifted to meet the community needs during the COVID-19 pandemic. The focus will resume when the program role with COVID-19 has stabilized.

## Lessons Learned

- Incorporate your project where and when you least expect it. I was able to intertwine resources and connections I made through the beginning part of this project with my work developing the COVID Isolation and Quarantine sites and a Managed Alcohol Program.
- There is merit raising awareness to the issue of the aging homeless population even if I couldn't fully realize the project.
- Life and work in civil service is slow, but it does go forward.
- My project never got fully started, but I used almost every leadership skill I learned in the CHCF Fellowship during the COVID-19 response.