Getting it right: Meeting the coming surge in demand for senior housing in Washington State

Seniors—those aged 65 or older—are our fastest-growing demographic. In 2025, senior Washingtonians are anticipated to make up about 20% of our state’s population. That’s close to double the percentage of just a few years ago. This rapid growth is spurring policy makers, advocates for the aging, communities, housing developers, and service providers to grapple with the huge challenge of addressing the entire fabric of needs of our older residents.

In Washington State, we currently do a lot of things right. We have strong policy-making; we’ve created community-driven partnerships between caregivers and affordable housing providers; and we have built a high level of quality into so much of our senior housing and care giving. In this issue of My View, I’ll introduce you to several of our state’s exemplary affordable housing communities and discuss many of the challenges and strategies they’re experiencing to meet our seniors’ housing and service needs.
A Colossal Challenge

With seniors, you can’t talk about affordable housing in a vacuum. For so many lower-income elderly people, being able to remain in a home they can afford also includes getting help with the activities and the care they need to be able to maintain their health and well being. Today, many of our innovative local agencies and senior housing facilities are showing us how we can accomplish this cost-effectively and well.

There are many factors that make our task in meeting this demographic challenge so formidable. Here are some key contributors:

- Seniors occupy close to one-third of our public housing. Much of this housing was built to accommodate independent, able-bodied people; retrofitting of senior public housing is on the list of much-needed fixes.
- Housing costs take up a big percentage of our seniors’ budgets: About one-third of renters 55 and older spend at least half their income on rent and utilities.
- For those seniors unable to live independently, the costs of supportive services are typically high. Reimbursement sources are limited and, as any of you who have followed the recent legislative session in Olympia know, we are already hard-pressed to meet the current demand for the state’s share of Medicaid funding.
- Complicating the picture is the fact that housing and supportive service dollars come from different federal and state agencies. For example, federal funding for affordable housing is managed through HUD and the IRS and administered by states; federal health services funding, on the other hand, is managed by the Department of Health and Human Services (DHHS) and administered by localities. This fragmentation extends to funding cycles, which vary widely, and to the ways in which these subsidies are allocated (housing by units vs. services that follow individuals).
- Statistics that project the financial preparedness of the next generation of retirees vary widely, but even conservative numbers are sobering. The Congressional Budget Office estimates that at least one-quarter of retiring baby boomers are likely to depend entirely on government benefits in retirement. Beyond that, an additional 25% or more are clearly in danger of outliving their savings.
- And yes—we are living longer, as health care and service costs continue to escalate. A senior study funded by the Commission in 2006 found that by the age of 85, seven in 10 seniors reported some or multiple types of disabilities, with close to half experiencing physical limitations. Seniors who live alone in relative isolation tend to see their health deteriorate more rapidly.

Aging in place

Most seniors would prefer to stay in their homes. A few years back, the Commission conducted a survey of Washington State residents between the ages of 50 and 65: 77% intended to continue to live in their homes during retirement. Aging in place is the widely used term for this lifestyle choice. Aging in place is vital to solving our growing shortfall in affordable senior housing; adequate policies, funding, and community services are vital to making it work.

Strategies to keep homes affordable include property tax relief, and programs that provide home repair, weatherization, and structural modifications. Washington State’s mobile home communities are an affordable option for many of our senior state residents: We need to preserve as many of them as we can.

Julie Peterson is Director of Senior Living & Community Services at Aging Services of Washington, the statewide association that represents nonprofit and mission-driven organizations that provide housing, health, community, and related services to seniors. “For many lower-income brackets in this state, we don’t have enough housing that is ready for us to be able to age in place,” she explains.

Over the years, I’ve learned much from Julie about pressing concerns for the aging; she provides a strong voice for senior interests with the state legislature and our congressional delegation. Julie argues that, from a policy standpoint, it’s important to pay attention to the variety of needs, across
the large spectrum of the aging, which must be addressed.

“Not only the licensed care settings for seniors, and not only what HUD has built—but what are we going to do for everyone else?” she poses. Julie makes the point that current demand far exceeds supply for HUD 202 senior housing, the federal program that provides financing for housing developments that provide supportive services for very low-income seniors. About nine people are wait-listed for each HUD 202-financed home.

“Still, not everyone in the state is going to need that housing. There are also lower-middle income seniors: What will be done in terms of their housing to allow for support services coming into their homes?”

Redefining categories, removing barriers—and setting goals

Julie lauds the Affordable Housing Advisory Board’s (AHAB) recently published (February 10, 2010) 2010 – 2015 Housing Advisory Plan for Washington State, which clearly acknowledges the challenges posed by our growing senior population and sets out many recommendations for meeting the need. “It’s exciting to see that senior housing has its own category in this report,” she says.

“But we’re not there yet,” she argues. For example, she notes that in setting goals for Housing Trust Fund (HTF) allocations, housing for seniors physically impaired enough to require ongoing supportive services is included under the more general category of “special needs and supportive housing.” Julie would like to see Washington State policy makers define a discrete category for supportive senior housing—and then go about setting concrete targets for growing these housing units.

Julie also brings up an important point made in the recent AHAB Housing Advisory Plan: We need to rethink the barriers that

“There is the potential for the merging of housing and care delivery that can be defined differently than we define it now.... There are many innovative projects taking place.” —Julie Peterson

these regulations may unintentionally prevent residents from being able to engage resources in their communities. Other regulations and licensing requirements can also be barriers to enabling seniors to cost-effectively age in place.

“There is the potential for the merging of housing and care delivery that can be defined differently than we define it now,” Julie says. “So many states are going through this same process. There are many innovative projects taking place: Partnership efforts where housing providers and their senior residents are partnering with organizations out in the greater community to figure out what their needs are for where they live, and how to bring services and meet needs outside of the norm. We have the opportunity to do that in our state as well. The challenge is figuring out how to replicate it affordably.”
Spokane Baptist Association Homes

Services make the difference

At nonprofit Spokane Baptist Association Homes (SBAH), supportive services are considered critical to helping senior residents stay healthy—and thrive. SBAH currently owns and manages three affordable independent living properties for low-income seniors in Spokane: Holman Gardens, which offers 96 homes; Lilac Terrace, which has 174 units; and the adjacent, new 50-unit Lilac Plaza. These homes, with the exception of 48 market-rate units at Holman Gardens, were built with help from the HUD Section 202 program.

Two years ago, SBAH performed a feasibility study before building Lilac Plaza. “We determined that those 50 homes would cover just 2% of the need for affordable senior housing in Spokane,” says SBAH CEO Glen Pierce. “There is going to be a greater and greater need for affordable senior housing every year. The challenges become: How do you finance that? And then how do you remain affordable?

“Building affordable housing and furthering our mission requires some complex funding. It’s getting harder and harder,” Glen says. SBAH’s mission is to provide both affordable housing and services for seniors in the Inland Northwest. Glen, his board, and his team strongly believe that the kinds of services SBAH provides to low-income seniors are critical to both their health and emotional well being. Moreover, “These services help to keep our residents in an independent setting—probably a minimum of six months, and perhaps up to a year—longer than what they would have in a setting without this degree of services.”

Glen makes the point that this service-enriched housing is “a win-win all around. We are helping keep low-income people out of assisted living, and the savings in taxpayer dollars are significant.” Qualified residents pay $1,000 for a 30% of Area Median Income (AMI) independent apartment at Lilac Plaza; the current lowest market rate for assisted living in the Spokane area is $2,500–$3,000 per month.

Teresa Warren is service coordinator at SBAH. “Services are truly what distinguish us from other HUD housing. We offer transportation, monthly housekeeping, a food program, a wellness coordinator, an activities coordinator. When you have all those services and you have staff on site, you start building a community for people to live in. It’s a lot different than just living in an apartment building.”

The meal program is a huge plus, says Glen. “At Lilac Plaza, meals are mandatory. This age group gives up nutritional food pretty quickly when they can’t afford it, which clearly puts them at a disadvantage. They’re staying here in independent living longer when they’re on this type of food program.”

The average age of residents is 87. Glen credits Wellness Coordinator Lynn Huffman with helping to reduce residents’ emergency room visits. “We have started to track how Lynn’s work in keeping residents healthier and on top of their medical needs is making a difference.” He estimates that Lynn’s role has reduced residents’ visits to the ER by 40 to 50%.

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Resident Newt McCrae has been a top finisher in National and Western Amputee Golf Association events.

Wii Bowling Team member James Osgood. The Wii Senior Bowling League, launched at Lilac Terrace and Holman Gardens, now includes tournaments open to retirement communities across Eastern Washington.

Lilac Terrace and the recently completed Lilac Plaza provide about 225 homes for low-income seniors in Spokane.

Lilac Terrace’s raised garden beds stand ready for planting by residents in early spring.
Lynn sees her work as much more than physician referrals. She educates residents about health issues and upcoming surgeries, offers dietary recommendations, and follows up on medication concerns. She helps residents establish emergency information. She has also initiated innovative programs that bring community resources into SBAH’s facilities. One is an intercollegiate nursing program that brings in RN students to work with residents to perform wellness checks and other health programs. Lynn also brings in pharmacist students to conduct what she calls “brown bags”—residents bring in their medications and the students answer questions and discuss potential drug interactions.

On the wish list:
Partnerships conducive to services

Glen and SBAH are hoping to develop new affordable homes for seniors in their region. “This depends on the market coming back to tax credits, and it seems like it’s beginning to,” he says. One option they’re considering is a new construction project on land zoned for an additional 78 units. “Financing requires a lot of partnerships under current conditions. On Lilac Terrace for example, we have eight different lenders.” Because HUD is making changes to Section 202, it will be 2011 before any new awards are made.

“I believe that one of the most overlooked concerns in senior housing is services,” Glen emphasizes. “HUD’s rewriting of their 202 program is much-needed. Hopefully, we will have an opportunity for some input. One of our biggest financial hurdles is the ability to put partnerships together that are conducive to services. HUD may never fund services, but it would be great if they would join hands with the Department of Health and Social Services, approach things together, and say, ‘yes, we’ll build the sticks and bricks, and you can help fund the services.’

“We need to be able to offer the services that our residents want and need. If all of our funding partners can look at these needs from a holistic perspective, I think it’s going to be better for all of us as we age,” he says. Adds Lynn, “we need to look at housing the whole person, not just providing a place to live.”

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An exceptional community faces mounting financial hurdles

Located on the western side of our state, just a few miles south of Stanwood, is the Warm Beach Senior Community. Like SBAH, Warm Beach is a nonprofit dedicated to providing quality housing and services for seniors. Warm Beach’s attentiveness to the entire spectrum of needs of senior residents is unmistakable. Walking down the halls and the wooded paths that wind through Warm Beach’s 85-acre property, you know that people are flourishing here.

Though today Warm Beach is a Continuing Care Retirement Community (CCRC), it was founded more than 40 years ago in partnership with the Free Methodist Church as 42 units of HUD-subsidized independent housing. It has evolved over time to meet the needs of the people who retire there. The community includes HUD-subsidized and market rate apartments, assisted-living apartments, and skilled nursing beds in different “neighborhoods.” One of Warm Beach’s many unique aspects are the 48 sites that it makes available for lease to seniors who own manufactured housing.

Part of Warm Beach’s mission, says Executive Director Larry Foss, is “we don’t turn people away.” Once you are a resident here, if your financial circumstances worsen and you can’t afford to continue to pay the market rate for the residential setting where you live, you will still have a place to live in the community. With so many levels of care, Warm Beach draws on multiple federal and state funding sources and services, including Medicaid and Medicare, HUD Section 8, and the state Tax-Exempt Bond Financing Program. But staying in the black financially has been getting harder and harder.

“It is definitely more difficult now than it was five years ago,” Larry says. “The changes in the economy, for example, have made it more difficult financially for the residents who live here—some of them don’t have the investment earnings they once had.”

To give a fuller picture, he points to Warm Beach’s 42-apartment HUD property: “We were a Section 8 property, and had a certain amount of dollars that were available to us; that program went away. So that has affected some of our residents—and the subsidies for the apartments are limited to begin with. With our nursing home, we are funded through Medicare and Medicaid; the state cuts within the Medicaid Program have impacted us.” Warm Beach was never fully reimbursed for Medicaid costs in their nursing home, he explains—and that is facing further state budget cuts. Meanwhile, an increasing number of the 33 beds in Warm Beach’s assisted-living apartments are being filled by people who rely on Medicaid funding. “And that puts a challenge on the financial model that was put in place when it was built in 1997.”

One solution that Larry and Warm Beach’s leadership hoped would help bring in much-needed revenues would be to expand Warm Beach’s market-rate independent housing to help finance housing for lower-income residents. “The idea was that the profits from larger apartments could be used to subsidize some of the other neighborhoods—to keep others’ rents at a moderate
Resident Jim Perin was honored as a “Senior Star” by Aging Services of Washington last year for his work as a volunteer. He oversees Warm Beach’s Thrift Store. (Right) Lorraine Jones takes part in a painting class; Warm Beach’s woodshop was developed by its residents.

The Warm Beach community encompasses many living choices for residents, including manufactured housing and HUD-subsidized apartments.
level without having to use government subsidies.” Unfortunately, this project was complicated by permitting issues, “and now with the current economy, it would probably be difficult to market and fill those apartments, so expansion is on hold at this point,” Larry says.

**Making it work**

Despite funding challenges, this is a community that is clearly working hard to make all the pieces come together successfully. “We made significant budget cuts within the last 18 months just to meet the shortfall of state dollars—to try to maintain affordability in rents for our residents,” says Larry. The cuts came largely from non-medical staffing. “Our nursing care is an important part of Warm Beach, and that’s where we have tried to avoid making cuts so that we can maintain our quality of care. The federal government has a five-star rating system; we are a five-star nursing home and we want to keep earning that.”

Betty Welsh, who is Director of Housing and Assisted Living, adds that Warm Beach’s goal has been to keep the cuts “as seamless to the residents as possible. The staff is conscious of that, has risen to the challenge, and continues to put the residents first. We have a camaraderie between our staff and our residents that makes us special.”

“**The reality for us as senior communities, and for the government as a provider of funding and resources, is that as seniors live longer and want quality places to live, resources are going to become more scarce. How are we going to address this—and make sure that seniors continue to have access to affordable homes and quality care?**” —Larry Foss

Warm Beach appears to have all the ingredients for success in providing high-quality affordable housing for seniors, including a vibrant community of residents who give back with more than 30,000 hours of volunteer service each year, a dedicated staff, beautiful surroundings, and recognized best practices. But the questions remain. In an increasingly difficult economic climate, can all of this be sustained?

Here’s how Larry phrases it: “The reality for us as senior communities, and for the government as a provider of funding and resources, is that as seniors live longer and want quality places to live, resources are going to become more scarce. How are we going to address this—and make sure that seniors continue to have access to affordable homes and quality care?”
Merrill Gardens

Our largest for-profit senior housing developer is setting aside high-quality housing units for low-income seniors

To answer this question, we’ll need for-profit companies like Merrill Gardens to play a key part in solving our growing shortfall in senior housing.

Merrill Gardens is the third-largest privately held retirement community developer in the U.S. Founded in Seattle more than a century ago, this family-owned firm is the largest senior housing company in Washington State in terms of the number of communities (22 across the state) and rental units that they make available to seniors. They operate in 10 U.S. states.

What’s not well known about Merrill Gardens is that they participate in our state’s Tax-Exempt Bond Financing Program; developments that participate in the program dedicate at least 20% of the resulting rental housing to low-income seniors whose incomes are below 50% of AMI. This program has financed almost 17,000 senior housing units in Washington since the Housing Finance Commission was created in 1983.

“For us,” says Merrill Gardens Senior Vice President and CFO Doug Spear, “the Bond Financing Program has been a good partnership that gives back to the community, and certainly has a financing benefit to us. It couples nicely with a way of providing an affordable component in our developments.” The qualifying low-income residents have the same housing as those who pay market rate; included in the rental fee are the services and amenities, such as meal programs, activities, housekeeping, and transportation, that are available to all residents.

“We’re really happy about being able to provide that level of service to people who typically wouldn’t be able to afford it,” Doug says. “These are new buildings in urban locales, and the discounts are substantial.”

Merrill Gardens’ developments have a unique way of operating; all of the residences offer assisted-living services, but without “segregating” homes. “We will typically license the whole building,” he explains. “That enables residents to transition to a higher level of care, without needing to change their home. There’s not a stigma attached to care levels. These are dispersed throughout buildings, it minimizes the impact on the community, it feels more integrated, and softens that transition for people who are aging.”
Likewise, the qualifying low-income residents aren’t “segregated” in a different section of these developments. The same units are available to everyone, but at discounted rents. For some of the Bond Financing Program developments in the more up-scale neighborhoods, like Seattle’s Queen Anne, one initial challenge was getting the word out that 20% of these homes were priced at affordable rates for qualifying seniors. Since that time, says Doug, they’ve networked with local nonprofits to connect with referrals.

This philosophy of integration was taken one step further in one of Merrill Gardens’ newest housing developments, near the University of Washington in Seattle. Called the Corydon, it’s an “intergenerational” hybrid of 123 senior homes and 103 multi-family apartments. “These are distinct buildings that share a beautiful courtyard in the center with some common amenities,” describes Doug. About half of the multi-family apartments are rented by older UW students, who frequently take advantage of the meal program and mingle with the retirees. The idea is to keep doors open to the larger community. “It’s been a neat experience, and we’re pleased with the way it’s worked out,” Doug says.

Senior housing as a scarce commodity

I asked Doug for his take on the how the current economic environment is impacting senior housing development. He confirms that people considering a move to senior housing have been “sitting on the sidelines” over the past few years. There are a host of reasons why, not least because of the malaise in residential housing markets: Many people lost a portion of their home’s value, and most homes haven’t been easy to sell.
Postponing a move for two years means pent-up demand. Plus, says Doug, “There are very few new properties being built. Because financing is generally not available, there’s not a growth in inventory that’s going to keep up with the growth in demand as we see it.” The bottom line? “We see senior housing becoming a scarce commodity in the next few years.”

Because of Merrill Gardens’ financial strength and solid banking relationships, they’ve been able to continue to get construction loans for their projects. They have new senior developments underway in Kirkland and in San Diego, California, and are expecting to close on an acquisition project in Vancouver, Washington this spring. “Even so,” says Doug, “we are affected by the financing environment. We’ll build a limited amount of new developments. We are not trying to get big, fast. We want to maintain quality and do the best that we can. We do see with other companies that right now, it’s just not an option for them to get out there and grow.”

For-profit developer Merrill Gardens is a participant in the state’s Multifamily Senior Housing Bond Financing Program. A portion of the homes in Merrill Gardens’ developments in Kirkland, Mill Creek, Renton, Seattle, and Tacoma are reserved for low-income residents. Pictured above is the courtyard at the recently opened Corydon, in the University Village neighborhood of Seattle. This “intergenerational” housing includes market-rate housing for seniors and for individuals and families of all ages, as well as homes set aside for seniors with incomes below 50% of area median income.
Garfield County Memorial Hospital and Long-Term Care

The entire population of Garfield County, in the southeast corner of our state, numbers approximately 2,500. About half the county’s residents live in Pomeroy, the only incorporated town. The county has no assisted-living facilities; neither is there independent housing designated for seniors. But if you want to find a truly forward-thinking long-term care facility, you’ll find it in Pomeroy’s Garfield County Memorial Hospital (GCMH).

Pomeroy is the kind of community whose residents still come together to look after their aging family members. “We’re a very tight community,” says GCMH Chief Executive Officer Andrew Craigie, “and there’s a great sense of loyalty and family, with extremely strong family networks. People do take care of each other. It’s a true small town. It’s Mayberry.”

GCMH is a public hospital that offers 25 “acute” and “swing” hospital beds, and 20 beds for its nursing home. It is a critical access hospital with a mission to serve all county residents. Andrew moved to Pomeroy to manage GCMH a decade ago. Before that, he worked for Sunrise of Mercer Island, a facility owned by Sunrise Senior Living—the largest assisted-living corporation in the country. Andrew says he’d developed an interest in rural hospital administration and “the opportunity came open here.” Moving from working for a large corporation was clearly a refreshing change for Andrew. “Here there is a tremendous amount of room for creative exploration, and learning and defining best practices and processes,” he says.

Andrew brought a very special vision to GCMH. His motivating idea was to change the culture of the facility and its approach to care, in order to improve outcomes for residents—and control costs.

“We started with an approach to care that is resident-centered. Because we have limited resources—we’re not only very small, but we’re a public hospital district and a non-profit organization—we couldn’t afford to make physical changes to the environment,” Andrew says. “It turns out that the most important change you have to make is how you think about how you deliver care. And what I call ‘the heart behind the care-delivery process.’”

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—Andrew Craigie

This is change from the inside out, change in the way staff interacts with residents, changes in processes to make these more efficient, and most importantly, change that looks to residents to determine how their experiences might be better, and how their living environment can feel more like a home.
Andrew gives an example of what he calls ‘breaking the clock’: “One of the first initiatives we undertook was to get rid of the structured routines that typify most institutional care environments, things that are not like home. Our old practice used to be the standard typically practiced in nursing homes: A highly regimented schedule. People got up at a scheduled time, got help with dressing and grooming. Then they were planted in the dining room, and there they sat until it was time to be served a meal. Then off to activities. This was all about convenience for the staff.”

GCMH abolished structured mealtimes. “Now residents get up when they want to and we accommodate their preferences, including a lot of latitude in when they choose to eat breakfast, which is prepared on demand. Residents have a greater range of choices, and a lot more flexibility, in what they choose to do with their day.”

In 2003, GCMH’s work in culture change was acknowledged with a $100,000 grant from Chicago-based Hulda B. and Maurice L. Rothschild Foundation.

Demonstrating a relationship between best practices and financial stability

One can understand why GCMH’s long-term care residents might have better experiences and feel more empowered, but does that create efficiencies and control costs? The answer, not surprisingly, has to do with the entire context of the facility. For one thing, the changes, which include furthering deeper and more direct relationships between staff members and the residents, have made the staff more satisfied with their work as well. So there’s less turnover, more investment in doing things right. And with less staff specialization, there are more hands to pitch in on all tasks, from making a meal to helping someone take a bath. This makes the whole organization more productive.

Andrew and his team continue to scrutinize their care processes in what he calls “lean exercises.” This is a page taken from the Toyota playbook, otherwise known as rapid-cycle process analysis. The idea, for GCMH, is that if you can reduce inefficient practices, this leaves more time for true care giving—more time for responding to residents’ needs.

As she describes it, it’s an extremely collaborative process: “We’re able to get people on board at every level.”

The other way that these practices reduce costs is that they help to fill beds and help the organization run more cost-effectively. GCMH has built a reputation beyond the borders of Garfield County, drawing in residents from Pullman, Walla Walla, Clarkston, and even across the state line into Idaho. “When we started this effort,” Andrew says, “one of our objectives was to become the preferred provider in the region for long-term care services. People would see enough value in what we provided that they would be willing to come to the community to receive care. Part of that strategy was to...
smooth out the bumps in our utilization. Our operating costs are relatively fixed; they don’t fluctuate a lot with our census. It is more prudent for us to fill an empty bed than to allow a bed to go empty and reduce resources, because we already run a lean ship.”

That strategy has worked. “We’ve maintained our long-term care census at about a 92% average for the last four years. Considering we’re in a community with only 2,500 people, that’s very strong utilization.” Still, Andrew affirms, keeping a public hospital afloat in a small county will never be easy. “Our number-one challenge is financial sustainability,” he says. He is quick to credit GCMH’s Board of Commissioners, who “believe in what we’re doing and stand behind it. That level of support and leadership is critical to our success. We’ve had rough years financially and I don’t believe we would still be here today if we hadn’t undertaken the change in our culture. And,” he adds, “I don’t think we’re ever going to be done. In the beginning, we did think there would be an end point. But this kind of journey never really ends.”
The Community Comes to You

As I mentioned at the outset, Washington State has many outstanding providers of affordable housing and services to seniors. We have many successful models to draw from.

From Julie Peterson’s perspective, “We truly have, in this state, embraced choice: Choices for people to find a care delivery service that works for them. And we’ve taken our direction from the federal government along that line. Washington State has done this perhaps better than any other.” There will always be a need for the kind of intensive care-giving setting that long-term care facilities provide, she acknowledges, but for more able-bodied seniors, the “wave of the future” is aging in place.

“This housing may be where a senior has lived for many years. It is truly a home-based model, it’s non-licensed care, and it’s very much community-driven: Moving forward, we see that as part of the future. You don’t necessarily have to move into the senior community: The community can come to you. Within the housing services model, as a state, we are ready to create that for seniors, and that is truly exciting.”

Obviously, the largest barrier is cost. More and more, policy makers are attracted to solutions that can create the most value in care delivery. One example is service networks that are developed at the neighborhood level. For seniors who are aging in place and in need of care, that means creating economies of scale in communities. A senior housing facility could potentially serve as a hub for delivering services to an entire neighborhood through a coordinated partnership of agencies that can efficiently meet the needs of the seniors who live there.

We have much to be proud of, but we’ve got a lot of work to do to make sure we are well prepared to meet the future. A demographic shift of this magnitude will require our best ideas, including innovative approaches to care and to collaboration between public agencies, community partners, and providers of housing and services. It will also require a significant commitment to building more affordable homes tailored to the needs of low-income seniors and to preserving what we already have.

Within our huge, growing senior housing challenge lies a terrific opportunity: To get it right.

Much of the information presented in this issue of My View relied on a number of excellent publications that give an accurate picture of what we face in meeting the demand for affordable senior housing and supportive services:

The Affordable Housing Advisory Board’s 2010 – 2015 Housing Advisory Plan

Quiet Crisis: Age Wave Maxes Out Affordable Housing, King County 2008–2025
http://www.agingkingcounty.org/docs/SeniorHousingStudy.pdf

Housing Washington’s Seniors – A Profile, Washington Center for Real Estate Research
http://www.wshfc.org/admin/SeniorHousing/WCRER.pdf

Washington State Task Force on Long-Term Care Financing & Chronic Care Management, Final Report
http://www.governor.wa.gov/ltctt/reports/ltc_task_force_final_report.pdf

The Administration’s Proposal to Revitalize Severely Distressed Public and Assisted Housing: The Choice Neighborhoods Initiative, American Association of Homes and Services for the Aging (AAHSA)

Congressional Budget Office, The Retirement Prospects of the Baby Boomers, Economic and Budget Issue Brief, March 18, 2004