

Executive Summary

THE HOMELESS POPULATION IS AGING; in the past few decades, the proportion of adults experiencing homelessness who are 50 and older has risen faster than other groups. This trend is expected to continue, with the proportion of people age 65 and older experiencing homelessness in the United States expected to triple between 2017 and 2030. The aging of the population experiencing homelessness has consequences for the health and safety of those experiencing homelessness, for how policymakers respond to the crisis, and for society at large. Adults experiencing homelessness in their 50s and 60s have similar health status to people 20 years older in the general population.

In this report, we present findings related to older adults experiencing homelessness from the California Statewide Study of People Experiencing Homelessness, the largest representative study of homelessness since the mid-1990s. Between October 2021 and November 2022, staff from the UCSF Benioff Homelessness and Housing Initiative administered 3,200 questionnaires and conducted 365 in-depth qualitative interviews with adults experiencing homelessness throughout California to better understand who experiences homelessness, pathways to homelessness, experiences during homelessness, and barriers to regaining permanent housing. We present findings for those age 50 and older (“older adults”) to advance evidence-based solutions for preventing and responding to older adult homelessness.

WHO EXPERIENCES HOMELESSNESS AS AN OLDER ADULT

First, we explore who among older adults experiences homelessness. Individuals with certain vulnerabilities, those with a history of trauma, and/or people impacted by racial discrimination and inequality are at higher risk of experiencing homelessness. People who experience homelessness have higher rates of mental health conditions and substance use than the general population. For many, these problems predated their first episode of homelessness.

- **Nine in ten older homeless adults (91%) in California lost their last stable housing in California.** Three-quarters (77%) were last housed in the same county where they were currently experiencing homelessness.
- **The homeless population is aging. The median age of all homeless adults in California was 47.** Nearly half (48%) of single homeless adults were age 50 and older (“older adults”). The median age of older adults was 58 years (range 50-89 years).
- **Forty-one percent of older homeless adults had their first episode of homelessness after age 50.**
- **Older adults experienced prolonged episodes of homelessness, longer than those of younger homeless adults.** Among all older adults, the median length of the current episode was 25 months, compared to 20 months for those younger than 50. Forty-one percent of older homeless adults met the federal criteria for chronic homelessness; 76% met the temporal criteria alone.
- **Black Californians are overrepresented in older homeless adult populations.** Thirty-one percent of older adults experiencing homelessness identified as Black, compared to 6% of all Californians age 50 or older. Older adults who identified as multiracial and Native American or Indigenous were also overrepresented.

- **Stress and trauma throughout the lifecourse increased vulnerability to homelessness.** Those older adults who were first homeless before age 50 (early-onset homelessness) reported a higher prevalence of lifetime trauma, incarceration, and behavioral health concerns than those first homeless after age 50 (late-onset homelessness).
- **Most older adults (79%) were incarcerated at some point in their lifetime, 77% in jail and 48% in prison.** A higher proportion of older adults with early-onset homelessness reported incarceration than those with late onset (87% vs. 68%). This finding was true for both jail and prison stays.
- **The majority of older adults had experienced violence in their lifetimes; 67% experienced physical violence and 19% sexual violence.** Older cisgender women reported experiencing sexual violence almost four times more often than older adult cisgender men. Many experienced violence during childhood: 39% of older adults experienced physical violence and 11% sexual violence before age 18.
- **Most older adults (81%) reported experiencing at least one significant mental health symptom at some point in their lifetime.** Of those with early-onset homelessness, 32% reported a psychiatric hospitalization in their lifetime, compared to 16% with late-onset homelessness.
- **Substance use was common: 64% reported having used illicit drugs regularly at some point in their lives, and 61% reported regular heavy alcohol use.** Those older adults with early-onset homelessness had a higher prevalence of lifetime history of regular illicit substance use or regular heavy alcohol use than those who first experienced homelessness later in life.

PATHWAYS TO HOMELESSNESS

Second, we describe experiences and challenges older adults faced prior to homelessness. High housing costs and low income left participants vulnerable to homelessness. We explore income and housing costs, experiences prior to losing their housing, and what supports could have prevented their homelessness.

- **In the six months prior to homelessness, the median monthly household income for all older adults was \$920, reflecting their deep poverty.** Older homeless adults spent a large proportion of their household income on rent. Most (81%) older adults entered homelessness from housing: 46% from housing arrangements for which they did not have their names on a lease or mortgage (non-leaseholders) and 35% from housing arrangements where they had their name on a lease or mortgage (leaseholders). Many non-leaseholders did not contribute to housing costs, relying on the goodwill of their hosts. The other 19% entered homelessness from institutions, primarily extended jail stays (7%), prison stays (6%), and healthcare settings (5%).
- **Overall, lost or reduced income was the most common primary reason for leaving last housing (9%).** Reasons varied between leaseholders and non-leaseholders. Among leaseholders, the most common reason was lost or reduced income (14%). Among non-leaseholders, 12% reported conflict between residents, and 12% reported wanting their own space or not wanting to impose as primary reasons for leaving their last housing.
- **Older adults had little warning prior to losing their last housing, with a median of seven days' notice.** Leaseholders reported 14 days' notice, and non-leaseholders reported one day.
- **Only a third (34%) of older adults sought help from any source prior to homelessness.** Those who requested help did so most commonly from friends, family, non-profit organizations, and government agencies.

- **Older adults were optimistic that well-timed financial support would have staved off homelessness.** Two-thirds (66%) believed receiving \$300-\$500 monthly would have prevented their homelessness; 83% believed a one-time payment of \$5,000-\$10,000 would have; and 89% believed a permanent rental subsidy, equivalent to a Housing Choice Voucher, would have done so.

EXPERIENCES DURING HOMELESSNESS

Next we examine older adults' experiences during homelessness. Their experiences were marked by health challenges, including age-related concerns, frequent use of drugs and alcohol, frequent victimization, interactions with the criminal justice system, and discrimination.

- **Most older adults reported they experienced unsheltered homelessness in the prior six months: 79% spent most nights unsheltered—58% in a non-vehicle unsheltered setting and 21% in a vehicle.** Almost all (89%) spent at least one night unsheltered in the prior six months.
- **Older adults experiencing homelessness were in poor health, with a high prevalence of chronic diseases and functional impairments.** Over half (53%) reported their health as fair or poor, 68% reported having been diagnosed with at least one chronic illness, and 43% reported having at least one activity of daily living (ADL) limitation.
- **Most older adults (86%) were covered by some form of health insurance (mostly MediCal), and 60% reported having a regular place to get health-care other than the emergency department (ED).** Despite these factors, 25% experienced a time in the prior six months when they were unable to get needed healthcare, and 24% indicated they were unable to obtain needed medication.
- **Older homeless adults had high rates of acute and emergent health use.** Over a third (37%) of older adults had received care in the ED in the prior six months; 25% had experienced an inpatient hospitalization for a physical health problem.

■ **While many older adults had mental health symptoms, few had access to treatment.** The majority of older adults (63%) reported having a mental health symptom; anxiety (46%) and depressive (44%) symptoms were the most common. Thirteen percent reported current hallucinations. Older adults who first experienced homelessness earlier in life reported mental health symptoms more frequently than those with late-onset homelessness. Among those who reported having mental health symptoms, 26% had received any treatment in the prior month.

■ **Substance use was common, yet few had access to treatment.** Thirty percent of older adults reported using illicit drugs three times a week or more. Methamphetamine use was the most common (26%). Eight percent reported heavy episodic alcohol use at least weekly. Among those who ever used illicit drugs, 24% reported their use increased during this episode of homelessness. Among those with current, regular illicit substance use or heavy episodic alcohol use, 13% reported currently receiving treatment and 19% reported a time in the prior six months where they wanted treatment but were unable to obtain it.

■ **Many older adults (43%) reported a complex behavioral health need (i.e., a recent psychiatric hospitalization; recent hallucinations; current, regular illicit drug use; or weekly heavy episodic alcohol use).** These older adults would benefit from robust supportive services in housing, such as those available in Permanent Supportive Housing with intensive case management or assertive community treatment service models. Twenty-two percent of older adults had both a complex behavioral health need and an ADL limitation.

■ **Most older adults (82%) received public benefits during homelessness.** Over two-thirds received CalFresh, which was the most common benefit. Few seniors who appeared to have been eligible for income support through SSDI and SSI were enrolled.

■ **Older adults faced traumatic experiences during homelessness: physical violence (28%) or sexual violence (6%), discrimination in their daily lives (78%), a short-term jail stay (24%), or having their belongings confiscated (29%) in the last 6 months.**

BARRIERS AND FACILITATORS OF RETURNS TO PERMANENT HOUSING

Older adults experiencing homelessness faced numerous barriers to exiting homelessness; the high cost of housing was the most common barrier. We review the barriers to exits from homelessness and supports that could facilitate older adults returning to housing.

■ **Most older homeless adults (86%) identified housing costs as a barrier to exiting homelessness.** They discussed the challenge of finding affordable housing when relying on limited income from public benefits or low-wage employment.

■ **Older homeless adults languished on long waitlists for affordable housing; some gave up hope.**

■ **Older homeless adults' prior histories—including poor credit, evictions, and records with the criminal justice system—created barriers to re-entering housing.** In some cases, they faced discrimination that interfered with their efforts to regain housing.

■ **Age-related health problems, including difficulty with function and mobility, created other barriers, as did lacking necessary documentation or having limited access to telephones or the internet.**

■ **About half (52%) of all older adults had received assistance with returning to housing from any professional (such as a case manager or housing navigator) during their episode of homelessness.** Only a third (32%) had received help once a month or more during the prior six months.

■ **Most older adults remained optimistic that financial interventions, such as a shallow subsidy, one-time lump sum payment, or Housing Choice Voucher, could end their homelessness (82%, 95%, and 95%, respectively).**

POLICY RECOMMENDATIONS

Based on these findings, we offer policy recommendations. The full report provides more detail. We summarize the six domains here:

■ **Increase access to affordable housing for older adults making less than 30% of the Area Median Income (extremely low-income or ELI households).**

The severe shortage of housing for ELI households affects older adults disproportionately. Increase access by expanding the supply of affordable housing and increasing subsidies (e.g., federal rental subsidy programs) and eliminating barriers to accessing ELI housing (through housing navigation services, expanding HUD waivers to serve households that need additional time to complete eligibility documentation, and by promoting fair chance housing policies).

■ **Expand targeted homelessness prevention for older adults, including legal and financial assistance.** This strategy includes strengthening eviction protection and identifying and providing timely prevention strategies for those at highest risk including at institutional exits. We recommend embedding prevention strategies within mainstream service providers where older adults at risk of homelessness seek services.

■ **Strengthen services and supports and expand access to meet the needs of older adults, many of whom have behavioral health challenges and the early onset of geriatric conditions.** This approach includes promoting housing stability through permanent rental subsidies and providing high quality services in permanent supportive housing to care for those with complex behavioral health needs and functional, cognitive, and mobility impairments. For instance, by replicating innovative models to contract personal care services using the Medicaid Home and Community Based Services funding to improve implementation of CalAIM (California's 1115 waiver program), these services can be resourced and scaled.

■ **Increase incomes among extremely low-income older adults through reducing barriers to participation in public assistance programs and raising benefit levels, which have not kept up with the increased cost of living.**

■ **Expand outreach to older adults experiencing homelessness, including reducing barriers to shelter access for older adults, creating access to physical and behavioral health services for those experiencing homelessness, expanding and enhancing street outreach (including street medical services), and shifting away from criminal justice system approaches to homelessness.**

■ **Embed racial equity in all aspects of the response, including removing systemic housing barriers that perpetuate racial disparities in homelessness, combating ongoing discrimination in housing systems, addressing racial inequities and disparate outcomes in homelessness services systems, and prioritizing racial equity in coordinated entry systems.**