Toward Dignity

Understanding Older Adult Homelessness

Findings from the California Statewide Study of People Experiencing Homelessness

Benioff Homelessness and Housing Initiative

UCSF

University of California San Francisco

MAY 2024

© Sam Comen

AUTHORS
Marisa Espinoza, MPA; Tiana Moore, PhD, MS, MA; Sila Adhiningrat, MPH; Eve Perry, MPP; Margot Kushel, MD

With analytic support from: Vivian Bui, MPH; Zena Dhatt, BS; Michael Duke, PhD.; Margo Pottebaum, BA

Suggested citation: Espinoza, M., Moore, T., Adhiningrat, S., Perry, E., Kushel, M. (2024). Toward Dignity: Understanding Older Adult Homelessness in the California Statewide Study of People Experiencing Homelessness.

Table of Contents

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 healthcare 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.**

Introduction

In the United States, older adults increasingly comprise those experiencing homelessness, facing the last years of their life on the streets or in shelters.

In the past few decades, the proportion of adults age 50 and older experiencing homelessness has risen faster than other age groups. For example, single adults age 50 and older made up 11% of the homeless population in San Francisco in the early 1990s and 32% by 2003.[1]

Californians account for 28% of people experiencing homelessness in the US: of the 650,000 people who experience homelessness on a given night in the US, more than 181,000 are in California.[2] The California Statewide Study of People Experiencing Homelessness (CASPEH) found that 48% of single homeless adults in the state were age 50 or older. This trend is expected to continue, with the proportion of people experiencing homelessness age 65 and older in the US expected to triple between 2017 and 2030.[3]

A NOTE ON TERMINOLOGY

- **Older adult:** We define older adults as people age 50 or older. This can overlap with how "senior" or "elderly homeless" terminology is used.
- **Single homeless adult:** We define this as households with only an adult age 25 or older, with no minor children.
- **Extremely Low-Income (ELI):** Income that is between 0-30% of the Area Median Income, determined annually by US Department of Housing and Urban Development (HUD).

Adults born in the second half of the baby boom (approximately 1955-1964) have faced challenges that elevated their risk of homelessness.[4] Being born in the second half of a large population bubble limits employment and housing opportunities. This age cohort entered the labor market during back-to-back recessions, leading to depressed wages and high unemployment rates during young adulthood, which can lead to lifelong loss of earnings. They came of age in an era of mass incarceration, which caught many, particularly men of color, in cycles of incarceration. They entered job markets during a time with a marked decrease in union membership, limiting wages and retirement options, and entered adulthood as policies shifted to decreased federal support for affordable housing and the social safety net, worsening housing outcomes.[5] During adulthood, they have experienced widening income inequality as increases in housing costs outstripped wage increases. Taken together, these factors conspired to increase their risk of homelessness.

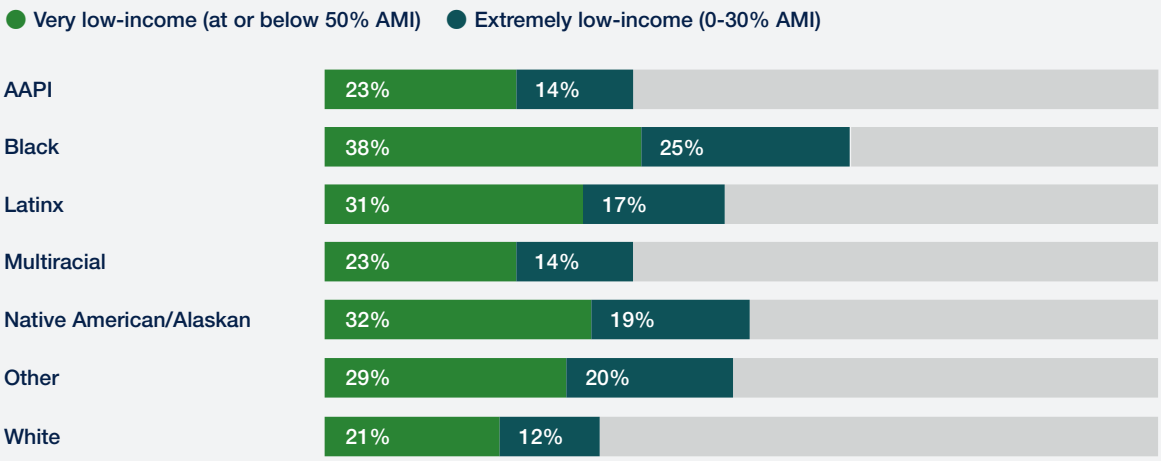
In prior research and CASPEH, more than 40% of older adults experiencing homelessness became homeless for the first time at age 50 or older.[6] Compared to those whose first episode happened after age 50,[7] older homeless adults whose first episode occurred before age 50 were more likely to have lives marked by early, significant trauma. They had experienced multiple early childhood adversities. They had struggled with mental health and substance use challenges, which began early, and many had experienced long episodes of incarceration. They had cycled between unstable housing, institutional stays, and homelessness throughout their adult lives, and found themselves, in late life, with the same challenges.

In contrast, older adults who first experienced homelessness after age 50 had reached typical adult milestones—full-time work, marriages, and partnerships—but had worked in low-paying, physically demanding jobs.[8] However, they had experienced long-term economic precarity throughout their adult lives, until sometime, after age 50, they experienced a setback—an illness, a job loss, a marriage ending, or a death in the household, which led, directly or indirectly, to their loss of housing.[9]

The availability of housing affordable to the lowest income households determines differences in the rates of homelessness in a given community.[10] In California, only 24 units of housing are available and affordable for every 100 extremely low-income (ELI) households (i.e., households making less than 30% of the area median income), resulting in a shortage of nearly 1,000,000 units of affordable housing.[11] This shortage leaves ELI households paying more than they can afford for housing and at high risk of homelessness. Older adults are more likely than younger adults to be extremely low-income; approximately one in three (31%) extremely low-income households are led by someone age 62 or older.[12] Renters aged 62 and older are more likely to be cost burdened (i.e., paying more than 30% of their income towards rent),[13] and are more likely to be severely housing cost-burdened (i.e., paying more than 50% of their income towards rent). Further, older adults of color who rent are three times more likely to fall within the federal government's category of ELI.[14]

> The shortage of nearly 1,000,000 units of affordable housing in California leaves extremely low-income older adults paying more than they can afford and at high risk of homelessness.

FIGURE 1 Extremely and Very Low-Income Households in California by Race



2021 American Community Survey

The risk of homelessness is not distributed equally. Those who confront systemic oppression, structural racism, and inequality face higher risks of homelessness. People identifying as Black and Indigenous are over-represented among people experiencing homelessness.[15] This overrepresentation stems from current and historic policies with racially discriminatory and exclusionary impacts in housing and economic security. Further, the presence of racism within communities and institutions perpetuate the marginalization of people of color. Before becoming legally unenforceable, racially discriminatory policies such as Jim Crow-era segregation, redlining, and racially restrictive property covenants established systemic racial exclusion in housing access and, by limiting homeownership opportunities, created significant racial disparities in generational wealth building and disproportionate poverty in areas inhabited by people of color.[16,17] Combined with public disinvestment in communities of color, disproportionate conviction and sentencing in the era of mass incarceration, and ongoing discrimination in housing and employment, these disparities produce present-day conditions where many people of color face increased legal and economic barriers to housing stability and fewer resources to prevent falling into homelessness after a social or financial setback.[18,19,20]

The aging of the population experiencing homelessness has consequences for the health and safety of people experiencing homelessness, and for how we respond to the crisis. By the age of 50, adults experiencing homelessness have the health status of people 20 years older in the general population, with a higher prevalence of chronic disease, and functional, mobility, and cognitive impairments.[21] Thus, we consider homeless adults 50 and older to be older adults. With poor access to ambulatory healthcare, older homeless adults have high rates of acute care use and are at high risk of preventable nursing home visits. Older adults experiencing homelessness are at 3.5 times higher risk of dying than similarly aged members of the general population.[22]

The homeless service sector is struggling to respond to growing numbers of older adults. Older adults experiencing homelessness raise profound questions about who we are as a society and how we care for those facing the most vulnerabilities. To provide insights into the crisis of aging homelessness and recommendations for how to respond, this report delves into the experience of homelessness among older adults throughout California: what led to it, what could have prevented it, what it was like to experience it, and what is preventing people from exiting to housing.

STUDY OVERVIEW

This report presents key findings related to older adults experiencing homelessness from the California Statewide Study of People Experiencing Homelessness (CASPEH), the largest representative study of homelessness since the mid-1990s. Between October 2021 and November 2022, staff 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. More information about study methods, population, questionnaire domains, qualitative sub-study topics, and eligibility criteria can be found in CASPEH's main report, *Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness*.

METHODS OVERVIEW

To obtain a sample representative of adults 18 years and older, we used a combination of venue-based sampling (purposive sampling from places that people experiencing homelessness might be, in proportion to the likelihood of the individual being there) and respondent-driven sampling (methods that rely on social networks to identify those who might be underrepresented in venue-based sampling).[23]

Staff administered a structured interview to each of the 3,200 study participants, whether recruited through venue-based or respondent-driven sampling. Staff conducted these interviews in English and Spanish and used interpreters for other languages. Using standard techniques, we weighted responses so that the sample represents adults experiencing homelessness in California.

To gain further insights into their experiences, we selected 365 of the 3,200 participants to participate in one of seven in-depth interviews on a variety of topics. In this report, we focus on data from respondents aged 50 and over.

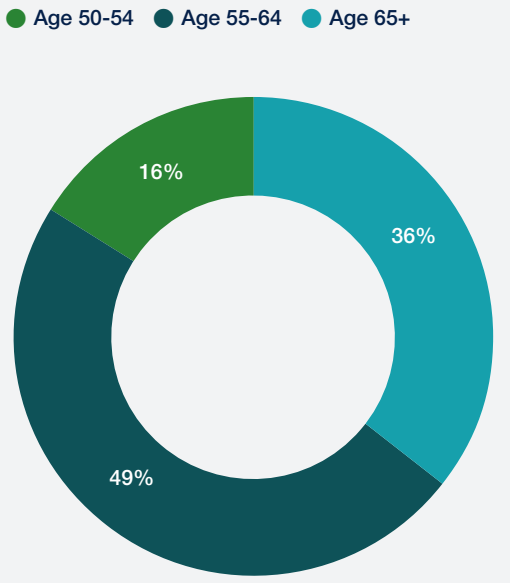
© Sam Comen

Who Experiences Homelessness as an Older Adult

To inform policies and practices that address the needs of older adults who experience homelessness, we must understand who experiences homelessness in older adulthood. In this chapter, we explore demographic characteristics of older adults (i.e., adults who are 50 or older) experiencing homelessness, their episode length and recurrence, and their lifetime experiences of incarceration, exposure to violence, and behavioral health needs.

> *"I never thought, in my wildest imagination, at 64, to be in this predicament."*
>
> **65-YEAR-OLD MAN**

FIGURE 2 Age Distribution of Older Adults



Cumulative percentage does not equal 100% due to rounding.

A NOTE ON TERMINOLOGY

- **Early onset:** Older adults whose first experience of homelessness took place before age 50.
- **Late onset:** Older adults whose first experience of homelessness took place at age 50 or afterward.

AGE

In California, the median age of all adults experiencing homelessness was 47 (range 18-89 years). Single homeless adults (those 25 and older who were not living with a minor child) comprised 90% of the sample. Among single homeless adults, 48% were 50 and older. The median age of older adult participants was 58 years (range 50-89 years). Among older adults, 36% were between 50-54 years old, 49% were between 55-64 years old, and 16% were 65 or older.

HOUSEHOLD COMPOSITION

Among older adults experiencing homelessness, 99% were single homeless adults (i.e., older adults not living with minor children) and 1% were adults in families (i.e., adults living with minor children at the time of interview). Throughout this report, we present data for all participants who were 50 or older, regardless of family structure.

HISTORY OF HOMELESSNESS, EPISODE LENGTH, AND CHRONICITY

Almost half of older adults (41%) first experienced homelessness after age 50. Once homeless, older adults were homeless for longer periods. The median length of older adults' current episode of homelessness was 25 months, compared to 20 months for those younger than age 50.

The federal definition of chronic homelessness requires meeting temporal criteria (i.e., experiencing homelessness for 12 months or longer, or having four or more episodes in the past 3 years that total 12 months or longer) and having a disabling condition. Forty-one percent of older adults met the criteria for chronic homelessness. A larger proportion, 76%, met the temporal criteria.

GENDER AND SEXUAL ORIENTATION

Seventy-five percent of older adults identified as cisgender men, 25% cisgender women, and 1% identified as non-binary, transgender, or gender-non-conforming. Six percent identified as lesbian, gay, bisexual, pansexual, queer, or another non-heterosexual sexual identity.

RACE

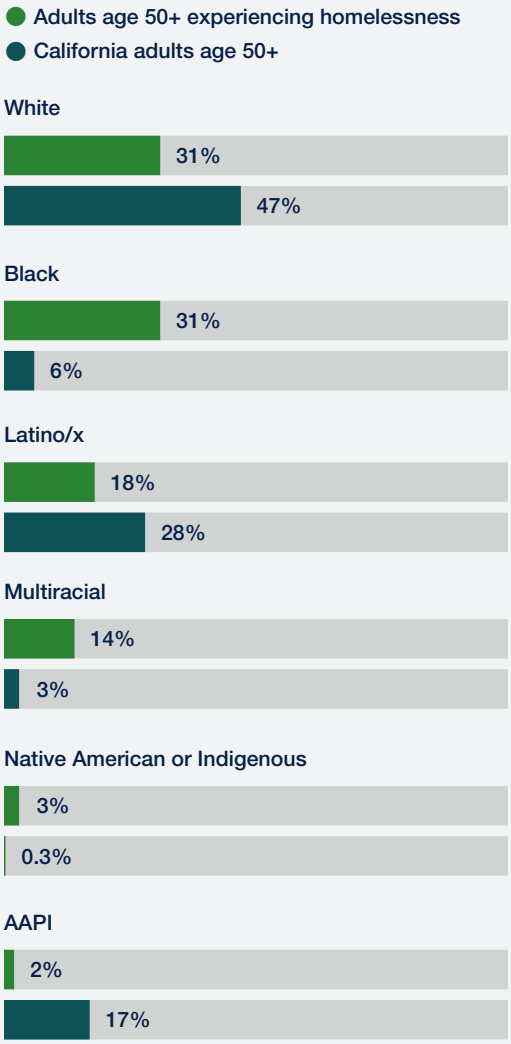
People of color, particularly those with Black or Indigenous identities, are at dramatically increased risk of homelessness. This finding is accentuated among older homeless adults. Thirty-one percent of adults 50 and older experiencing homelessness identified as Black, compared to 6% of adults 50 and older in the general California population (Figure 3).[24] Older adults who identified as Native American or Indigenous, as well as those who identified as multiracial, were overrepresented among older adults experiencing homelessness as well.

While Latino/x populations are slightly overrepresented in the homeless population overall, they are not among older homeless adults, where 18% of older homeless adults in California identify as Latino/x compared to 28% of Californians older than 50. In contrast, among younger homeless adults, Latino/x populations are overrepresented compared to the general population.

EDUCATION

Thirty-one percent of older adults had less than a high school degree; 26% had a high school degree or GED equivalent. Twenty-eight percent of older adults had some college-level education (but did not obtain a degree) and 15% had a college degree (Associates or Bachelors).

FIGURE 3 Racial Identities of Californians Experiencing Homelessness and Population of All Californians Age 50 and Older



California adults age 50+ data from 2021 American Community Survey

VETERAN STATUS

Consistent with age trends in the general population, a higher proportion of older homeless adults reported active duty veteran status than did younger homeless adults. Ten percent of older adults reported active duty military service; 2% of homeless adults younger than 50 did so.

CURRENT MARITAL AND RELATIONSHIP STATUS

Being single is a risk factor for homelessness. At the time of interview, more than half of older adults (52%) were single and never married, nearly a quarter (27%) of older adults were divorced or separated, and 4% were widowed. Seventeen percent reported being married or partnered.

WHERE OLDER ADULTS LIVED PRIOR TO HOMELESSNESS

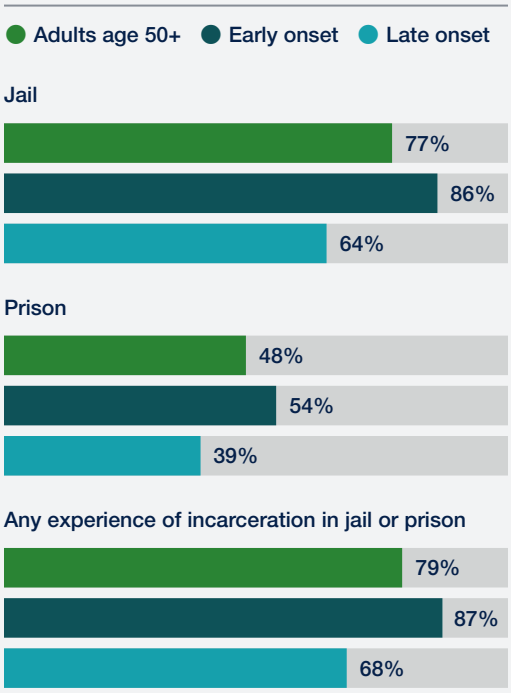
We asked participants about their last housing prior to homelessness. Of older homeless Californians, 91% reported losing their housing in California, and 77% reported that they were last housed in the same county where they were currently experiencing homelessness. Three percent stated they were last housed in an adjacent county. Most (88%) older adults were born in the US; 70% were born in California. A higher proportion of older adults who experienced early-onset homelessness were born in the US than those with late-onset experience of homelessness (93% vs 82%).

> *"I grew up not far from here… I grew up in this area. So when I became homeless, I just gravitated to what I knew."*
>
> **58-YEAR-OLD MAN**

LIFETIME EXPERIENCES OF INCARCERATION AND VIOLENCE

Structural conditions (such as high housing costs, low wages, and limited employment opportunities) interact with individual vulnerabilities (such as behavioral health conditions), to increase risk of homelessness. These structural conditions can both increase the risk of homelessness and, in turn, worsen individual vulnerabilities. In this section, we discuss experiences older adults have had over their life course that increased their risk of homelessness.

FIGURE 4 Lifetime Experiences of Incarceration Among Older Homeless Adults



Incarceration Over the Life Course

Most older adults experiencing homelessness reported carceral involvement at some point in their lifetime, but those who became homeless earlier in life were more likely to have experienced incarceration. Seventy-nine percent of older homeless adults had been incarcerated in either jail or prison in their lifetime; 77% in jail and 48% in prison. Older adults who first experienced homelessness prior to age 50 (early-onset) reported lifetime jail or prison incarceration more frequently (87%) than those who experienced homelessness for the first time after 50 (late-onset, 68%). Eighty-six percent of older adults who first experienced homelessness before age 50 had been incarcerated in jail at some point in their life; 54% had been incarcerated in prison. Among older adults who first experienced homelessness after age 50, 64% had been incarcerated in jail; 39% had been incarcerated in prison.

> *"I grew up in South Central; born and raised right here in South Central LA. I lived with my mom, a single mother. One brother. Did a lot of prison time in my younger years. Stayed in and out of prison a lot.*
>
> *Finally, I got into a program and finally got a chance to get a hold of my addictions and my drinking. I used to drink a lot. Going in and out prison, I lost a lot of time with my kids."*
>
> **51-YEAR-OLD MAN**

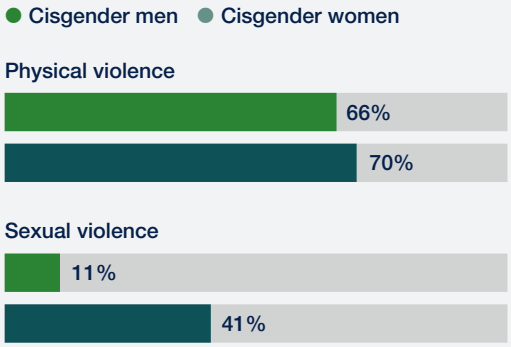
Violence Over the Life Course

Older adults experienced high rates of interpersonal violence across the lifecourse. Two in three (67%) older adults experienced physical violence, and one in five (19%) experienced sexual violence. Older cisgender women reported experiencing sexual violence almost four times more often than older adult cisgender men (41% of cisgender women, 11% of cisgender men).

Experiences of violence in childhood were common among older homeless adults. Thirty-nine percent reported experiencing physical violence prior to age 18; 11% reported experiencing sexual violence in childhood. Experiences of violence in childhood differed among older adults who experienced homelessness earlier compared to those who experienced it later in life: 46% percent of older adults with early-onset homelessness experienced physical violence by another person before the age of 18, while 30% of those with late-onset homelessness did. There was no difference in age of onset of homelessness for exposure to sexual violence in childhood.

© Sam Comen

FIGURE 5 Lifetime Experiences of Violence Among Older Adults Experiencing Homelessness

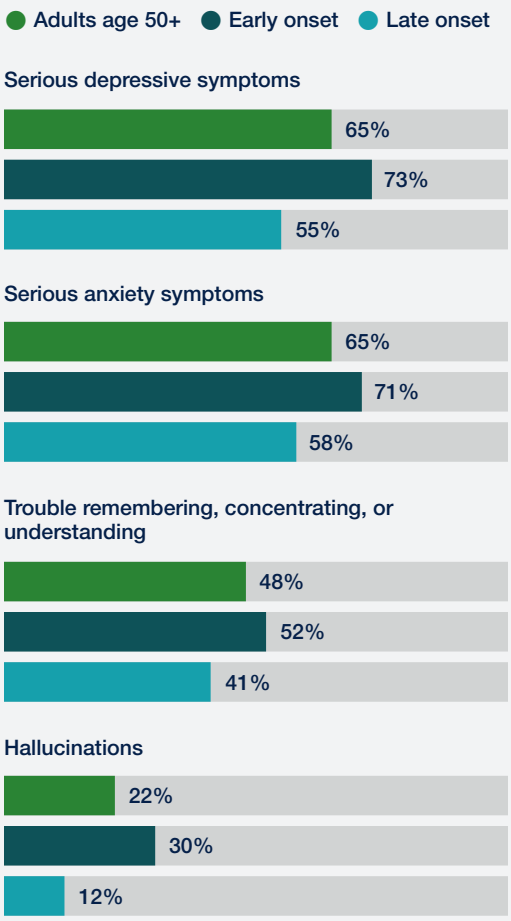


BEHAVIORAL HEALTH OVER THE LIFE COURSE

Homelessness serves as a barrier to access to care, formal diagnoses of health conditions, and treatment. Given this barrier, we asked participants to self-report mental health symptoms rather than a diagnosis.

Eighty-one percent of older adults reported that they experienced at least one severe mental health symptom in their life, mainly severe depressive symptoms (65%) or severe anxiety symptoms (65%). Almost half (48%) of older adults reported ever experiencing trouble remembering, concentrating, or understanding. Twenty-two percent reported experiencing hallucinations at some point in their lifetime.

FIGURE 6 Older Adult Lifetime Mental Health Symptoms



Consistent with findings from other research that older adults who experienced early life homelessness were more likely to have significant mental health issues than those first homeless at 50 or older, we found that older adults with early-onset homelessness had higher lifetime rates of mental health symptoms, particularly hallucinations.[25] Among older adults with early-onset of homelessness, 30% reported a lifetime history of hallucinations, compared with 12% of those whose homelessness began after age 50. Nearly a quarter (23%) of older homeless Californians had received a diagnosis of post-traumatic stress disorder (PTSD). Of those with early-onset homelessness, 29% reported a PTSD diagnosis while 14% of those with late-onset homelessness did.

Among all older homeless adults, 28% reported making a suicide attempt at some point in their lifetime. More than twice as many older adults who reported early-onset homelessness reported a suicide attempt (38%) than late-onset older adults (15%).

One in four older adults (25%) reported ever being hospitalized for a mental health concern. A higher proportion of older homeless adults with early-onset homelessness reported this (32%) than those with late-onset homelessness (16%). Among all older adults who reported a mental health hospitalization, 60% noted their first hospitalization happened prior to their first episode of homelessness, although this finding was less common in those first homeless before age 50 (52%) compared to those first homeless after 50 (84%).

> *"Okay, I got arrested in '84, I got out in '92... Yes. I tried to do good, but I failed. I ended up going back again.*
>
> *And that was just my life, going back on violations. It was frustrating too. And honestly, that's when I started using drugs, you know? ...And I got into some hard drugs. I started using heroin back at that time. I've been off of heroin since 2003. I will not go back to it because it was hard for me, you know."*
>
> **62-YEAR-OLD MAN**

Substance Use Over the Life Course

Sixty-four percent of older adults reported having used illicit drugs three times per week or more at any point in their life. Half (50%) of older adults regularly used methamphetamines, 43% regularly used cocaine, and 22% regularly used non-prescribed opioids (e.g., heroin, or fentanyl used outside of a physician's care) in their life. Seventy-three percent reported that their drug use started prior to their first episode of homelessness.

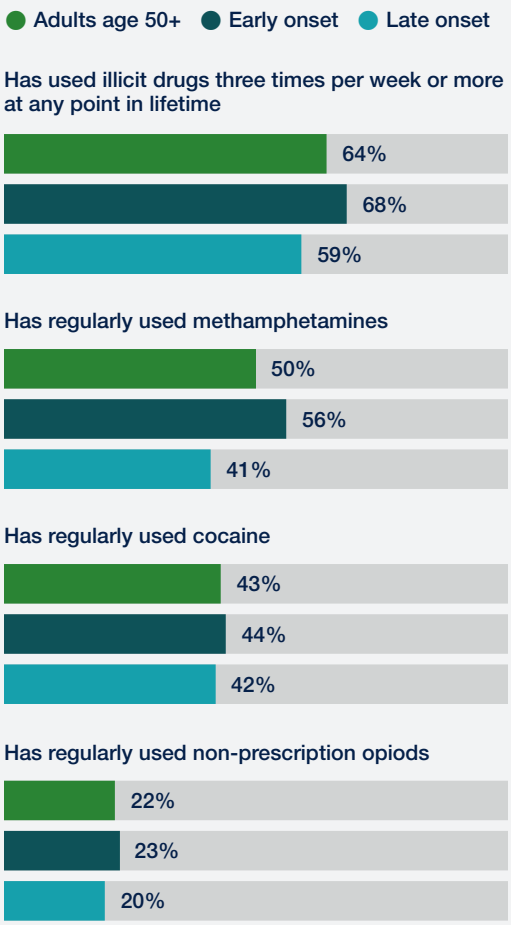
Those first homeless before age 50 were more likely to report a lifetime history of regular illicit substance use. For older adults who had their first episode prior to age 50, 68% reported that sometime in their life, they used an illicit drug regularly, compared to 59% of those with late-onset homelessness. Differences in methamphetamine use drove this contrast: 56% of those with early-onset homelessness reported using methamphetamines regularly in their life, compared to 41% of those with late-onset homelessness.

Sixty-one percent of older adults reported regular heavy alcohol use (i.e., drinking 3 times a week or more to feel buzzed or drunk) at some point in their lifetime. Among older homeless Californians with early-onset homelessness, 59% reported heavy regular drinking in their life. Among those with late onset homelessness, 63% did. Among older homeless adults with heavy regular alcohol use, 86% did so prior to their first episode of homelessness; this finding did not differ by age at first homelessness.

Forty-three percent of older adults reported that their substance use led to legal, health, financial, or social problems at some point in their lifetime. This finding was higher among older adults with early-onset homelessness (50% compared to 35% of late-onset participants).

> Older homeless adults' lives have been marked by deep poverty and trauma.

FIGURE 7 Older Adult Regular Use of Illicit Drugs



SUMMARY

Homelessness among older adults is increasing, in part because individuals who experience homelessness are aging into late life while homeless, and partly due to people becoming homeless for the first time in late middle age. Whether homeless for the first time in early or late life, older homeless adults' lives have been marked by deep poverty and trauma, mental health and substance use problems, and involvement with the criminal legal system. Those who were first homeless in late life were less likely to have experienced mental health problems, substance use problems, and incarceration than those with early life homelessness who remained homeless in late life.

KEY TAKEAWAYS

- The homeless population is aging. The median age of homeless adults in California is 47; nearly half (48%) of single homeless adults are age 50 and older.
- 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 overrepresented as well.
- 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.
- Older adults who experienced homelessness for the first time before age 50 had higher prevalence of lifetime trauma, incarceration, and behavioral health concerns.
- 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 they had turned 18.
- Most older adults (81%) reported experiencing at least one significant mental health symptom at some point in their lifetime. We found a large difference in markers of severe mental health conditions between early and late-onset homeless older adults. 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. These findings were more common for those first homeless early in life.

Pathways to Homelessness

No single pathway leads people into homelessness. Many older homeless adults experienced a slow descent into homelessness as their housing options diminished over time. To stave off homelessness as long as possible, they used their limited financial and social resources until they exhausted them. Others spoke about becoming homeless abruptly, after a discrete event caused them to lose their housing or after they left an institutional setting without available or affordable housing options. This chapter presents findings on factors in people's lives leading up to homelessness and what resources might have helped to prevent their homelessness.

ENTRANCES INTO HOMELESSNESS

Most (81%) older adults entered homelessness from housing, the majority from housing for which they didn't have tenancy rights. Among all older homeless adults, 46% entered from non-leaseholder housing (such as being doubled up with family or friends). The other 35% came from housing where they were a leaseholder or, less commonly, a mortgage holder, entering homelessness immediately after an eviction notice or threatened eviction.

Almost one in five (19%) older adults entered homelessness from an institutional setting. Older homeless adults who entered from institutions mostly came from long-term stays in jail (7% of overall homeless population), prison (6%), or health care settings (5%), including lengthy hospital stays for physical or mental health problems, substance use treatment programs, or nursing homes.

> *"My stepdaughter reached out and told me I could move in with them... My wife died and I had to move out. I would be helping with bills, but I haven't worked for the past 6 years because of my lungs and heart. I [make] only $4,000 or $5,000 a year... I have a lot of experience, but they don't want to hire me because they think I am old. So, where am I supposed to get the money for rent and everything? It has been more than a year since last time I contributed anything."*
>
> **61-YEAR-OLD MAN**

HOUSING COSTS AND INCOME PRIOR TO HOMELESSNESS

Among all adults aged 50 or older, the median household income reported in the six months prior to homelessness was $920 per month. This amount was lower than that among homeless adults ages 18-49, where the median income prior to homelessness was $1,000 monthly.

Among older adult non-leaseholders, the median monthly household income was $996 prior to losing their housing; 42% of non-leaseholders contributed no money to rent. Median housing costs among non-leaseholders who did contribute to rent was $412 monthly. Older adults who entered homelessness directly from a leaseholding situation had a median household income of $1,100 monthly, but they spent a median of $659 on housing. Spending more than 50% of their income on rent was not sustainable; however, when older adults lost this housing, it was difficult for them to re-enter the rental market.

TABLE 1 Median Monthly Household Income, Housing Costs, Warning Before Housing Loss, and Tenure

Participant Type	Median Monthly Income	Median Housing Costs	Median Warning	Median Tenure
All adults age 50+	$920	$326	7 days	18 months
Leaseholders	$1,100	$659	14 days	36 months
Non-leaseholders	$996	$412	1 days	12 months

HOUSING TENURE AND MEDIAN NOTICE BEFORE HOUSING LOSS

Among all older homeless adults, the median tenure in their last housing was 18 months. The median tenancy was 3 years among leaseholding older adults and 12 months among non-leaseholders.

Older adults reported a median of 7 days' warning prior to losing their housing; older adults who had been leaseholders reported a median of 14 days and non-leaseholders reported one day. In California, most evictions require a 30-, 60-, or 90-day advance warning, with the exception of three-day "pay or quit" orders for those behind in their rent. However, in in-depth interviews, many who had left leaseholding housing situations explained that they left the home after receiving an eviction order. Few had access to legal assistance, and most feared the impact of an eviction on their record. Older adults who were non-leaseholders reported living in stressful, overcrowded, and under-resourced situations. When conflicts arose, they had no choice but to leave quickly.

> *"...It's just been frustrating 'cause there aren't enough places. And the places that they have are too expensive... for the money I have... Yeah, because I don't have enough disability money, now it's retirement money."*
>
> **68-YEAR-OLD MAN**

REASONS FOR HOUSING LOSS

We asked participants who entered homelessness from housing to identify what they considered to be their primary reason for leaving their last housing (Figures 8-10). Among all older adults, the most frequently cited primary reasons for leaving their housing were a loss or reduction in income (9%), conflict with their landlord or property owner (8%), conflict between residents (8%), someone else in the household became sick or died (7%), or the building was sold or foreclosed on (7%). These reasons differed for those who left housing situations for which they had legal rights (leaseholders) compared to those who left non-leaseholder situations.

Among leaseholding older adults, the most frequently cited primary reasons were a loss or reduction in income (14%); conflict with their landlord or property owner (9%); leaving the area for a job, relationship, family, etc. (8%); relationships ending between residents (8%); and a program (such as a treatment program) ending (7%).

Among non-leaseholding older adults, the most common reasons for leaving were conflict between residents (12%); wanting their own space or not wanting to impose on the people they were living with (12%); someone in the household became sick, disabled, or died (10%); the property was sold or foreclosed on (9%); or conflict with the property owner (8%).

Figure 8 Primary Reasons for Leaving Last Housing, All Older Adults

Figure 9 Primary Reasons for Leaving Last Housing, Non-leaseholders

Figure 10 Primary Reasons for Leaving Last Housing, Leaseholders

While participants cited their own illness as a reason for losing their housing, other times health problems operated indirectly by interfering with older adults' ability to earn income. A 57-year-old participant explained: "In 2017, I had my own place, and at that time a truck hit me and they put two bars on my neck and six pins. So from that point on, everything went downhill. I had an apartment and I worked for my company for like 17 years in the refinery industry. From that point on I just went downhill and I lost two trucks. I lost everything."

Many non-leaseholders left because they didn't want to impose or because they feared that their staying in the housing was interfering with others. A 51-year-old described how his friend initially offered him a place to stay while he completed a job training program and looked for housing: "That was the agreement. So I did that. And, off and on, like three different times... he helped me. Like six months, three months, and like four months [at a time]. And it eventually started to tax his relationship with his girlfriend and his roommate."

Due to lack of legal agreements to protect their housing, non-leaseholders were susceptible to losing long-term housing. A 66-year-old who had been providing building maintenance and repair services with an informal exchange of work for housing, described losing his housing abruptly when the homeowner/employer died: "[He] owned 15 houses, so he allowed me to stay at one of them places for free. For 15 years, I was working for services rendered, and… he got sick [and died], and his daughter is executor, so she no longer needed, wanted my services, so she had me removed. With a pair of shorts and tennis shoes and a sweatshirt on my back. All my tools got sold..."

> *"I really tried to stay with some friends but that only lasts for so long. Especially when you don't have any money or anything."*
>
> **62-YEAR-OLD MAN**

> *"I looked and looked for a room. Because I didn't want to be alone, I wanted someone to lend me a hand.*
>
> *I don't like to be alone, I'm a very fearful person. And so, I would look for rooms. They would be priced at $1,200 or $1,300. I would also recycle things, like aluminum and plastic bottles. Just so I could have money to wash my clothes. The money would just not be enough."*
>
> **65-YEAR-OLD WOMAN**

HOMELESSNESS PREVENTION

We asked participants about whether they sought help prior to homelessness, and if so, from where. Before losing their housing, 34% of older adults reported seeking help in an effort to avoid homelessness. The most common places that older adults sought help from were family and friends (51% of older adults who sought help), community-based or non-profit organizations (40%), and government agencies (28%). Few sought help from legal organizations (11%). Fifty-seven percent of older adults who sought help reported having received any help.

To assess the potential value of prevention interventions, we asked participants to consider whether three hypothetical interventions would have durably (i.e., for at least two years) staved off their current episode of homelessness. We asked participants to imagine the time period immediately before they became homeless and judge whether each of three potential interventions would have prevented their homelessness. Sixty-six percent of older adults thought a shallow monthly subsidy of $300-$500 would have staved off their homelessness, 83% thought a lump-sum one-time payment of $5,000-$10,000 would have done so, and 89% thought a subsidy (described as similar to a Housing Choice Voucher) would have done so.

Housing Choice Vouchers are permanent subsidies that cap household contribution to rent at 30% of household income. Overall, older adults were optimistic that various financial interventions would have meaningfully prevented their homelessness, either by allowing them to stay in their housing or allowing them to acquire new, stable housing.

> *"So, I've given my whole check up many times just to pay my rent. Yeah. I would prefer to go broke, paying my rent than to go broke and not have nothing at all. Even if it costs me my whole SSI check, I don't care. As long as my rent gets paid, that's all I care. My bills, my lights, I don't care."*
>
> **54-YEAR-OLD WOMAN**

© Barbara Ries

SUMMARY

Deep poverty and high housing costs underlay older homeless adults' entrance into homelessness. Almost half of older homeless adults entered homelessness from a housing situation for which they didn't hold any legal rights. Many had entered these tentative arrangements to help stave off homelessness, but eventually they had to leave. In high-stress, resource-limited situations, when things fell apart, they did so quickly. More than a third of older homeless adults left directly from housing situations for which they had legal rights. Living with low incomes and paying half of their household income on rent, they couldn't maintain their housing through disruptions. The haste in which these older adults left their housing suggested that they didn't have access to legal or other help that could have kept them housed. Those who entered homelessness from housing felt optimistic that well-timed financial help could have prevented their homelessness. Almost one in five entered directly from an institution—prisons, jails, and healthcare institutions. The mismatch between incomes and housing costs loomed large and set these older adults up for homelessness, but their responses and stories suggest that robust prevention efforts—whether in the institutional settings they left, or prior to losing their housing—could have prevented their descent into homelessness.

> The mismatch between incomes and housing costs loomed large and set these older adults up for homelessness.

KEY TAKEAWAYS

- Most (81%) older adults entered homelessness from housing: 46% from non-leaseholding arrangements and 35% from leaseholding arrangements. The other 19% entered homelessness from institutions, primarily extended jail stays (7%), prison stays (6%), and healthcare settings (5%).
- Older adults experienced a mismatch between their income and housing costs prior to becoming homeless. 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. Many non-leaseholders did not contribute to housing costs, relying on the goodwill of their hosts.
- 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.
- 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.
- Only a third (34%) of older adults sought help from any source prior to homelessness; this help was mostly requested 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 would have done so.

Experiences During Homelessness

In this section, we focus on older adults' experiences while they were homeless, including where they spent their nights, health status, use of the healthcare system, behavioral health, sources of income, exposure to violence, experiences of discrimination, interactions with the criminal legal system, and displacement.

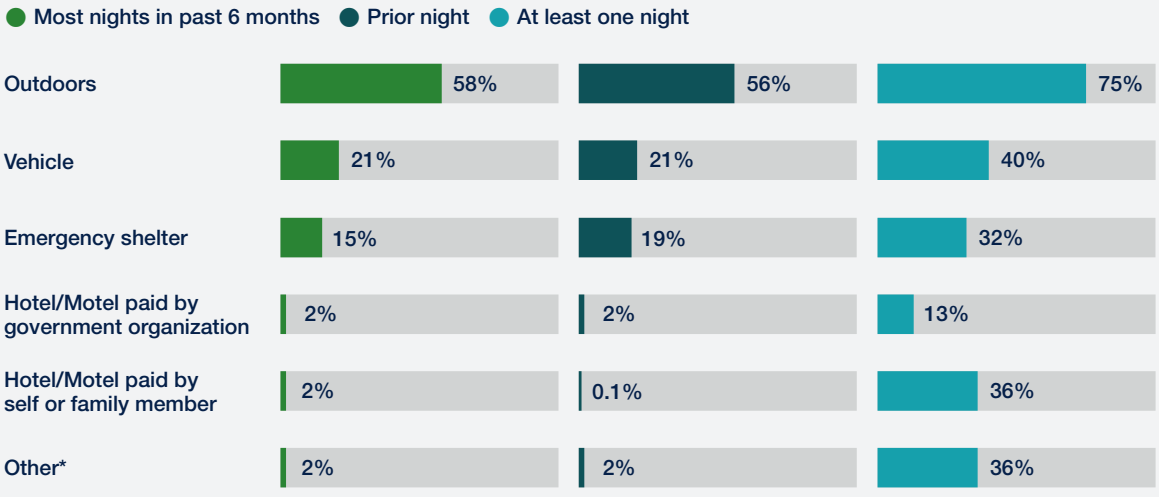
WHERE OLDER ADULTS STAYED DURING HOMELESSNESS

People experiencing homelessness do so in a variety of settings. Unsheltered settings include encampments, abandoned buildings, other places not meant for human habitation, and vehicles. While staying in a vehicle is considered to be a form of unsheltered homelessness, people experience it differently. Thus, we classify it separately. Sheltered settings include stays in homeless shelters, temporary stays with family or friends, in hotels or motels, in treatment programs, or other sheltered environments.

We asked participants where they stayed in three ways: what were all the places they stayed in the past six months of this episode of homelessness, where they stayed the most, and where they stayed the previous night (Figure 11). In the previous six months, 79% of older adults spent most of their nights unsheltered. Over half of older Californians experiencing homelessness did so in a non-vehicle unsheltered setting (58%) and one fifth in vehicles (21%). In comparison, 21% spent the majority of their time sheltered.

In the prior six months, 89% of older adults spent at least one night unsheltered; 75% spent at least one night in a non-vehicle unsheltered setting, and 40% spent at least one night in a vehicle. Thus, twice as many had spent as least one night in a vehicle as had spent the majority of their nights in one. Participants told us that they had lost vehicles over time, due to ticketing, towing, or non-operability.

FIGURE 11 Where Older Adults Experiencing Homelessness Slept



**Includes shelters for people fleeing domestic violence, mental health or drug/alcohol treatment programs, or staying without paying rent regularly at a friend or family member's room, apartment, or house.*

Sixty-eight percent of older adults spent at least one night in a sheltered setting. Nearly half of older adults (45%) slept at least one night in a hotel or motel (paid for by themselves, their family, the government, or an organization). Thirty-two percent spent at least one night in an emergency shelter. During their homelessness episode, 26% of older adults spent at least one night at a family or friend's place.

Physical Health Status

Older adults experiencing homelessness confront accelerated aging, with health status, chronic health conditions, and functional impairments similar to those of housed individuals who are 20 years older.[26]

Self-Reported Health

People who report their health as fair or poor are more likely to experience negative health outcomes in the future. In a cohort study of homeless adults 50 and older, we found that reporting one's health as fair or poor was associated with mortality.[27] To assess participants' health, we asked them to report how they rated their health (poor, fair, very good, good, or excellent). Among older homeless adults in California, more than half (53%) reported having fair or poor health. By comparison, in the U.S. non-institutionalized population, only 25% of those 65 and older reported fair or poor health.[28]

Chronic Health Conditions

We asked whether older adults had received a diagnosis of common chronic health conditions, including hypertension, asthma and chronic obstructive pulmonary disease, diabetes, heart problems (such as congestive heart failure), and strokes.[29] We expect these were underreported, because people experiencing homelessness have poor access to care and thus are less likely to have received a diagnosis. However, more than two-thirds (68%) of older homeless adults reported having at least one significant chronic health condition; 35% reported at least two and 18% at least three (Figure 12). Among all older homeless adults, 15% reported having a diagnosis of diabetes, 18% heart problems or stroke, and 23% asthma or chronic obstructive pulmonary disease (Figure 13).

Whether first homeless before age 50 or at age 50 or older, older adults had similar prevalence of chronic conditions.

FIGURE 12 Older Adults With at Least One Chronic Condition

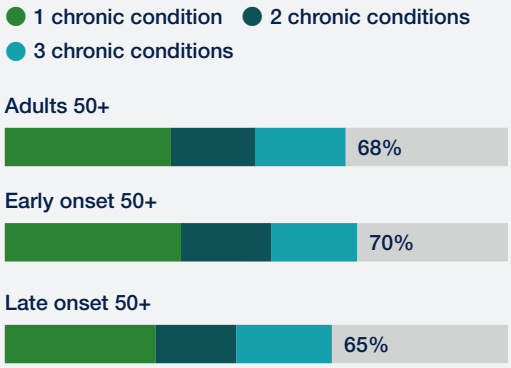
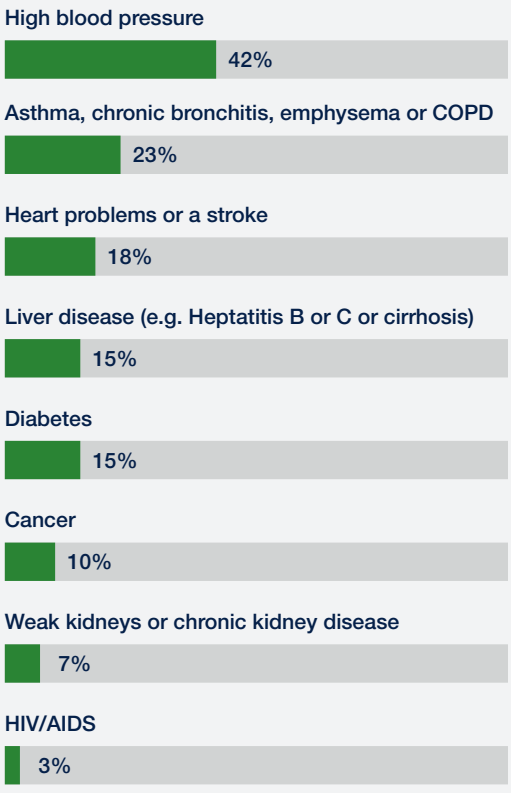


FIGURE 13 Chronic Conditions in Older Adults



Smoking

Two thirds (69%) of older adults reported being a current smoker. Older adults with early onset homelessness had a higher prevalence of smoking (77%) than those with late-onset homelessness (57%). Most older adults (80%) reported having smoked more than 100 cigarettes in their lifetime, but this finding was more common among those with early-onset homelessness (85% vs. late onset, 74%).

Functional Status

Functional status can refer to an individual's capacity to walk, reach, or perform activities of daily living (ADLs). ADLs are routine functions that include dressing, bathing, toileting, and transferring from a chair or a bed. For people experiencing homelessness, being unable to complete basic physical activities can present severe difficulties and risks. Impairments to ADLs are contextual and one's surrounding environment, as well as one's health, may influence them. For instance, a shower chair and railings may allow independent shower use, but having to shower in a group facility (such as those in emergency shelters) without these adaptations may be impossible.

© Barbara Ries

Functional impairments present particular difficulties for people experiencing homelessness, who have little control over their environment and who have difficulty obtaining needed help. Forty-three percent of older adults experiencing homelessness reported difficulty with at least one ADL, 31% reported difficulty with at least two, and 23% with three or more. By comparison, in a national study of the general population, 13% of those aged 50-64 and 20% of those aged 65 and older had at least one ADL difficulty.[30]

One in three older homeless adults reported difficulty with mobility (32%). One third (33%) reported using mobility aids such as a cane, walker, or wheelchair. In in-depth interviews, many older adults reported struggling to maintain mobility aids while homeless, because this equipment was damaged, lost, stolen, or thrown away, and the older adults didn't have a way to replace them.

In in-depth interviews, participants spoke about a range of functional, mobility, and sensory impairments (including low vision and hearing) and how it affected their experience of homelessness. In many cases, these factors impeded the ability to exit homelessness. One participant spoke about how visual impairment impacted their ability to fill out applications for housing and benefits.

> *"Well, I'm blind, [I need] transportation to get around. [Someone] helping me, you know... Getting around to some of these places, help me with the applications."*
>
> **64-YEAR-OLD MAN**

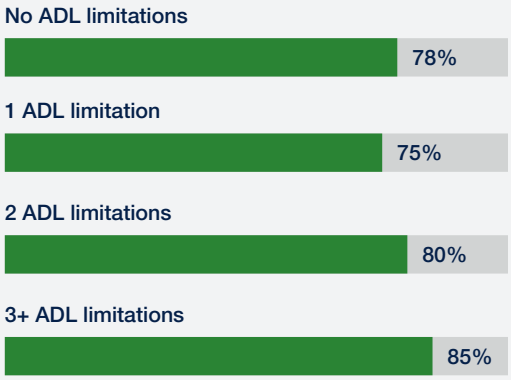
Shelter Access and Functional Limitations

Many older adults (38%) indicated there was a time when they wanted shelter, but were unable to access it. Among those with three or more ADL impairments, 53% reported this experience. Participants noted many reasons they couldn't find shelter. Often, shelters had no capacity. Despite needing greater assistance, a similar percentage of older adults with functional impairments spent most nights unsheltered as older adults without these impairments (Figure 14). Some older adults told us their impairments made it more difficult to find shelter. One 53-year-old discussed: "A lot of shelters, they don't have—they're not equipped for disabilities, for handicapped, disabled. You know? They don't have handrails in the showers. They don't have a ramp, you know… the disability can be a problem. They don't accept us in a lot of shelters."

> *"Every morning, they would come out and they'd say, 'Oh, we got...two places for a guy. We got seven places for a girl.' You know? And, some nights, they'd say, 'I'm sorry, you guys. You have to go. We don't have nothing.' But they never would pick me because I was 65. And they were saying, 'I'm sorry. You can't go because you're 65 and you have to have a bottom bunk.' So, all those nights that I hung around there and slept around there, I never got a place…"*
>
> **65-YEAR-OLD WOMAN**

> *"I get sick, go to the hospital, then come back feeling very weak, asking them if I can use a bed to lay down and they send me to the chapel. Three days after, I pass out…They took away the walker because sometimes I use it and sometimes not… They told me if I wanted a bed to rest or a walker, I need a note from the doctor… When they read it, they tell me I can't have both. I tell them I want a bed, and they give me a walker. I think it is a huge discrimination against me."*
>
> **74-YEAR-OLD MAN**

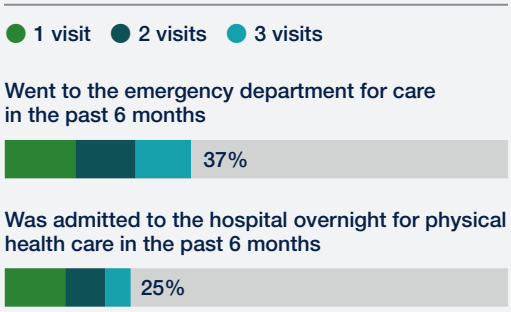
FIGURE 14 Unsheltered Status on Most Nights by Number of Activity of Daily Living (ADL) Limitations



HEALTH INSURANCE AND ACCESS TO CARE

Most older homeless adults (86%) were covered by health insurance, the vast majority through MediCal (California's Medicaid program) or dual Medicare/MediCal. Health insurance facilitates, but doesn't guarantee, access to care. Sixty percent of older adults reported having a regular place where they received health care, such as a clinic or doctor's office, and 46% reported having a primary care provider. Fifty-four percent indicated they had seen a health care provider in the past six months. Still, one in four older adults (25%) experienced a time in the last six months where they wanted healthcare, but were unable to get it. A quarter (24%) indicated they experienced a time where they needed but were unable to obtain medication.

FIGURE 15 Older Adult Acute Care Utilization



ACUTE HEALTHCARE UTILIZATION

Over a third (37%) of older adults experiencing homelessness in California had visited the emergency department (ED) at least once in the past six months without being admitted. In comparison, 21% of adults 50 and older in the United States visited the emergency department in the prior year.[31] Of older homeless adults who went to the ED in the prior six months, 12% of all older adults had two ED visits and 11% had three or more visits. In the prior six months, 25% were hospitalized at least once overnight for a physical health reason, half of whom had at least two hospitalizations.

BEHAVIORAL HEALTH

Homelessness exposes individuals to chronic stress, poor sleep, and violence—all of which compound past experiences of trauma. Mental health conditions and substance use both increase the risk of homelessness and are exacerbated by homelessness.

The behavioral health needs of older adults who first experienced homelessness earlier in life differ from those who first experienced homelessness at age 50 or older. Therefore, we highlight differences between these two populations throughout this section.

Mental Health

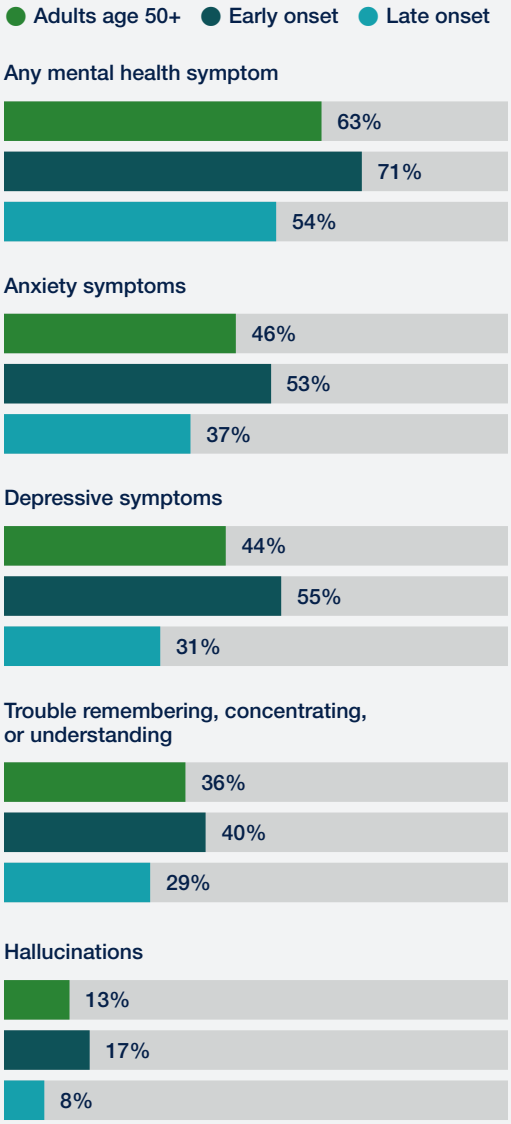
In the last 30 days, 63% of older adults experiencing homelessness reported at least one mental health symptom. Anxiety and depressive symptoms were the most prevalent (46% and 44%, respectively). More than a third (36%) of older homeless adults reported difficulty remembering, concentrating, or understanding, and 13% reported experiencing hallucinations. In in-depth interviews, some participants described hopelessness and thoughts of suicide.

> *"Yeah, a lot of people have depression around here…I've felt like walking in front of the train every day for the last three years since I lost my house... It's the first time I've ever contemplated suicide ever in my life. I'm always upbeat and I'm such a positive person until I got out here…Everything is so hard, just my age and just physically... I hurt all the time and I'm in pain and everything is just a struggle, just to do laundry, just to, you know, food. The younger crowd seems to do better, but I'm older and it's hard. It's just hard..."*
>
> **57-YEAR-OLD WOMAN**

A larger proportion of older adults who first experienced homelessness before age 50 reported mental health symptoms than those who first experienced homelessness later in life (Figure 16). Of early-onset older adults, 71% reported at least one mental health symptom; 54% of those with late-onset experience of homelessness did so. Five percent reported a mental health hospitalization in the prior 6 months (7% of those who first experienced homelessness before age of 50; 2% of those who first experienced homelessness later in life).

> *"I told you many times, that leaving the planet would be better… Because I can't find a way out. I don't see any way out for me. I want to be somewhere else. I don't want to be here. There are many people who use drugs or alcohol. But I can't do that, I have to take medications."*
>
> **65-YEAR-OLD WOMAN**

FIGURE 16 Mental Health Symptoms in Prior 30 Days Among Older Adults



> *I asked my doctor one time, 'Do you have anything that's more like meth?' In society today, the harder it is to find a job—and the older people are getting so they have to retire and the weaker our bodies are when we get older—some folks have to have something to give them the energy to even get out the door, or they wouldn't go. And, if they didn't go, they would die… So they're doing it to stay alive. And I think that I'm doing it [meth] for the same reason.*

55-YEAR-OLD MAN

Substance Use

Thirty percent of older adults reported current, regular use (i.e., three times a week or more) of an illicit drug. A quarter (26%) reported current, regular use of methamphetamines, 9% reported non-prescription opioid use, and 3% reported cocaine use.

We defined heavy episodic alcohol use as consuming six or more drinks in one sitting. Among older adults, 16% reported heavy episodic alcohol use on a monthly and 8% on a weekly basis. Participants explained that they had increased drinking as a way to cope with the experience of homelessness. One 51-year-old participant noted: "It's probably the main issue—alcohol… When I came out here, started drinking a whole lot, to the point where I'd black out, my stuff would come up missing, I mean thousands of dollars, bikes, wallets, phones—you name it. You know, just everything was coming up MIA."

Mental Health and Substance Use Treatment

Among those with any mental health symptoms, 26% reported receiving mental health counseling or medication in the prior 30 days; a higher proportion (23%) received medication (such as an antidepressant) than counseling (13%). Among older adults with current, regular illicit drug use or weekly heavy episodic alcohol use, 13% were currently receiving treatment, and 19% reported a time in the past six months when they wanted treatment for their substance use but could not access it. In interviews, participants noted how being homeless complicated their efforts to get treatment.

Changes in Substance Use

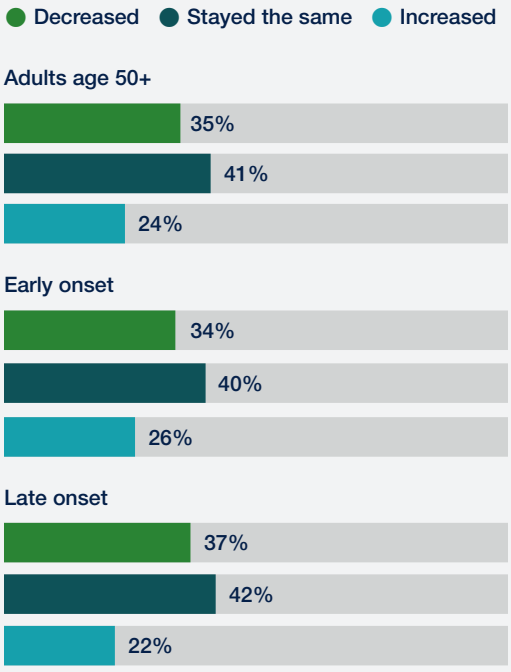
Some older adults increased their use of substances when homeless, others decreased, and others stayed the same. Among older adults who had ever used illicit drugs, 24% reported their use had increased, 41% reported it had stayed the same, and 35% reported it had decreased during this episode. Older adults who first became homeless before age 50 had similar patterns of change in use as those who first became homeless after 50 (Figure 17). A participant explained how he had stopped using methamphetamines, but when he became homeless, he relapsed and started to use again.

> *I started cleaning myself up, trying to hook it up right. And that became complicated. Because, I ended up on the streets. And when, you know, and when I was on the streets…the only way for me to deal with being homeless out here is I'm medicated...To get through this, man, you gotta... It drives you crazy, man. Cause, you know, I want a place, I want my own place.*

64-YEAR-OLD MAN

> *"Well, I don't get as much treatment as I would if I was housed. I don't really, even when I start taking my medication and sometimes it's interrupted because somebody stole it or might ruin it...It's not [easy to get treatment when homeless]. Because I don't have transportation. Or—It seems like I have to get arrested or have some kind of mental problem, like some problem where then it's noticed and addressed."*
>
> **58-YEAR-OLD MAN**

FIGURE 17 Changes in Substance Use Since Entering Homelessness Among Older Adults Who Ever Reported Using Illicit Drugs



COMPLEX BEHAVIORAL HEALTH AND FUNCTIONAL NEEDS

Not all mental health symptoms or use of substances require specialized services; for many older adults, returning to housing and engaging with primary care or other mainstream services would provide adequate support. For those with more complex needs, strong evidence exists for Permanent Supportive Housing with robust service models (i.e., intensive case management or assertive community treatment).[32,33,34] We sought to develop an estimate of what proportion of the older homeless population had indications for this type of robust support. We assessed the proportion of older homeless adults who reported at least one of four indicators: recent hallucinations; a recent psychiatric hospitalization; current, regular illicit drug use; or weekly heavy episodic alcohol use. Forty-three percent of older adults reported at least one of these behavioral health indicators. A higher proportion of older adults with early onset (compared to late onset) homelessness met these criteria (50% vs. 32%).

To assess the need for interventions that can serve people who have both behavioral health conditions and functional impairments, we estimated what proportion of those with complex behavioral needs had a functional impairment (as measured by an ADL limitation), a mobility impairment, or either. Twenty-two percent of older adults had a complex behavioral health need and at least one ADL limitation, 18% had a complex behavioral health need and a mobility impairment, and 24% had a complex behavioral health need and either a functional or mobility impairment. A smaller proportion, 14% had a complex behavioral health need and three or more ADL impairments. This overlap was more common among older adults with early onset rather than late onset homelessness. For example, 20% of older adults with early onset homelessness had a complex behavioral health need and three or more ADL impairments, compared to 6% of older adults with late onset homelessness.

INCOME AND PUBLIC BENEFITS

Older adults reported extremely low incomes during this episode of homelessness, with a current median monthly income of $500. For those who reported any income, the median was $711; 14% reported receiving no income. Eighty-two percent of older adults reported receiving support from public benefit programs, which can include food, retirement, or income support through programs (e.g., CalFresh, Social Security, or General Assistance/ General Relief). Thirty-seven percent reported income from informal work (such as recycling or selling used goods), 19% reported receiving money from someone they knew, and 9% from panhandling.

Employment

Sixteen percent of older adults earned income from employment; 17% of older adults aged 50-61 did (i.e., before the age of Social Security eligibility). Since we conducted data collection from October 2021-November 2022, these numbers may reflect decreased employment due to the COVID-19 pandemic.

More than a third (34%) of all older homeless adults indicated they were looking for work. Among older adults between the ages of 50 and 61, 37% were. Older adults encountered barriers to working, including age, health status, or disability (70%); transportation (44%); and criminal justice records (17%).

Homelessness posed a barrier to employment through a variety of mechanisms. One 59-year-old participant noted: "I tried many times on the streets to go to work, but it is almost impossible because you have to have the address, the mailing address to get your documentation. I just got my birth certificate and my social security, my ID… my income tax, all those records. I had just finally started getting back what I lost through my storage and being homeless, because those are important documentations that you need to get to work and get a loan and prove your history and that, main thing. So, homelessness, you are just kind of lost."

FIGURE 18 Older Adult Public Benefit Receipt and Sources of Income

Income Supports

Supplemental Security Income

Supplemental Security Income (SSI) provides monthly payments to adults with limited income. Eligible adults include those with limited income who are 65 and older, or adults of any age with a disabling condition. Twenty-one percent of all older adults received Supplemental Security Income. Among older adults without current employment, a pension, or receiving other federal income benefits, 35% of those 65 or older received SSI and 25% with a disabling condition did.

In in-depth interviews, some older participants spoke to difficulties in enrolling in income support programs such as SSI. One 60-year-old participant noted: "Since I didn't have any income and I can't work… I tried to get SSI twice and was denied both times. They said I wasn't disabled enough."

Social Security Disability Insurance

Despite high rates of disabling conditions, just 12% of older adults received Social Security Disability Insurance (SSDI), which provides monthly payments to people with qualifying disabilities who are unable to work. Even among older adults with a disabling condition and not currently employed, only 32% received SSDI benefits.

General Assistance/General Relief

Twenty-nine percent of older adults received General Assistance (also known as General Relief) benefits; 40% of those who did not receive other income benefits did. General Assistance provides monthly payments to adults who are not receiving other income benefits. The average General Assistance payment is $252 per month while in comparison, the maximum SSI payment for a disabled individual in California is more than four times this amount.[35] Eligibility in California for General Assistance is determined at the county level.

Retirement Income

Social Security

A federally-funded entitlement program, Social Security provides income to older adults during retirement. Fifteen percent of older adults received Social Security benefits. Among those 62 or older without current employment, a pension, or receiving other federal income benefits, 36% received Social Security; 39% of those 65 and older did.

VA Income Benefits

Three percent of all older adults received VA income benefits, which are available to former active-duty US military veterans, National Guard, and reserves members who meet eligibility criteria as determined by the Veterans Administration. Eleven percent of older adults reported military service. One in five (20%) older adults who had ever served in the active-duty military, reserves, or National Guard reported receiving VA income benefits.

Pension

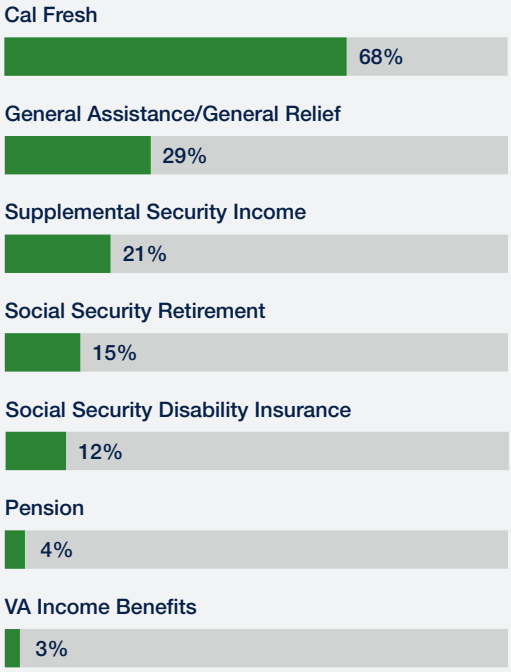
Four percent of older adults received income from a traditional pension, also known as a defined benefit plan. These provide a specified monthly income to retirees who qualify based on their length of service with an employer. Over the past 50 years, the number of private sector US employees covered by pension plans has decreased significantly; in 2021, 15% of private sector employees had access to a pension plan.[36]

Nutritional Support

CalFresh

California's Supplemental Nutrition Assistance Program (SNAP), CalFresh, helps low-income individuals purchase groceries and other food items. Sixty-eight percent of older adults received CalFresh benefits. During the COVID 19 pandemic, CalFresh expanded eligibility criteria and relaxed recertification requirements. These policies may have resulted in higher than normal enrollment in CalFresh during our study period.

FIGURE 19 Enrollment of Older Adults in Public Benefits and Retirement



ADVERSE AND TRAUMATIC EXPERIENCES DURING CURRENT EPISODE OF HOMELESSNESS

Homelessness exposes individuals to repeated safety risks and harms, including experiences of physical and sexual violence, discrimination, incarceration, and forced displacements or confiscations of belongings.

Violence

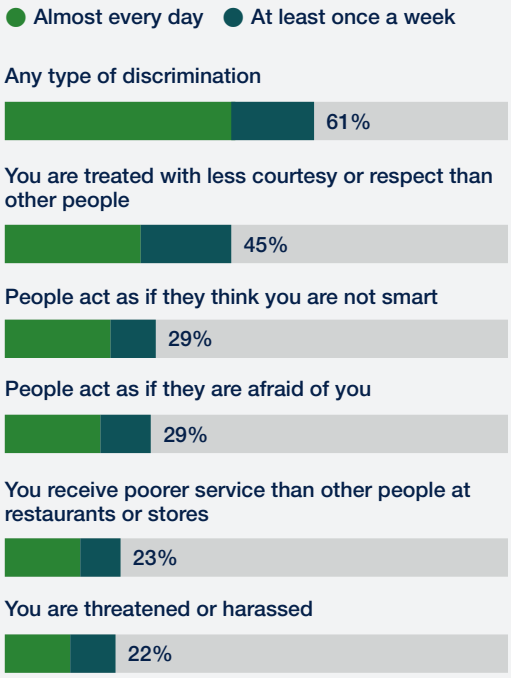
Older adults experienced high rates of violence during homelessness: 29 percent reported experiencing physical or sexual violence during homelessness. Twenty-eight percent reported experiencing physical violence during the current episode of homelessness. Of those who reported physical violence, more than half (59%) reported that the perpetrator was a stranger. Six percent experienced sexual violence during this episode of homelessness; 12% of older ciswomen reported this. Among older adults who reported sexual violence, 75% indicated the perpetrator was a stranger.

Discrimination

We assessed experiences of discrimination among older adults through the Everyday Discrimination Scale, a scale social scientists use to capture discriminatory experiences in social situations.[37] The measure includes five domains of discrimination: being treated with less courtesy or respect than other people, receiving poorer service than other people at restaurants or stores, being presumed unintelligent or a threat by others, and being threatened or harassed. Most older adults (78%) reported experiencing any discrimination in their everyday lives during this episode of homelessness; 61% reported experiencing it at least once a week. Being treated with less courtesy or respect was the most prevalent type of discrimination (Figure 20).

We asked participants to report on what basis they experienced discrimination. Most (75%) who reported discrimination noted that they had been discriminated against based on their homeless status, 63% on the basis of their physical appearance, and 44% on the basis of their race (Figure 21). Thirty-eight percent reported that they were discriminated against because of their (older) age.

FIGURE 20 Types of Discrimination Among Older Adults Who Reported Facing Discrimination



In in-depth interviews, participants described experiencing discrimination due to their homelessness status. A 62-year-old participant discussed his experiences in a local park where he previously joined an outdoor church service with other homeless community members: "We used to have church on Saturday down here at the tables at the gazebo thing, and they wouldn't allow it anymore because the soccer moms didn't like the homeless people." The respondent continued, noting that they were "not out to mess with people. We're just like anyone else, just like any of these fathers would be, or these people here on soccer Sunday or Saturday. If something happens to somebody, they're going to help out if they can. We're not any different than that. But people just seem to think that."

Criminal Justice Involvement

During their current episode of homelessness, 24% of older adults experienced a short-term (i.e., less than 3 months) jail stay. The median length of time spent in jail was five days. In in-depth interviews, older adults discussed how these jail stays disrupted their efforts to return to housing, to obtain or retain employment, and how they decreased trust with enforcement entities. At the time of interview, 7% of older adults were under community supervision, with 6% on probation and 2% on parole.

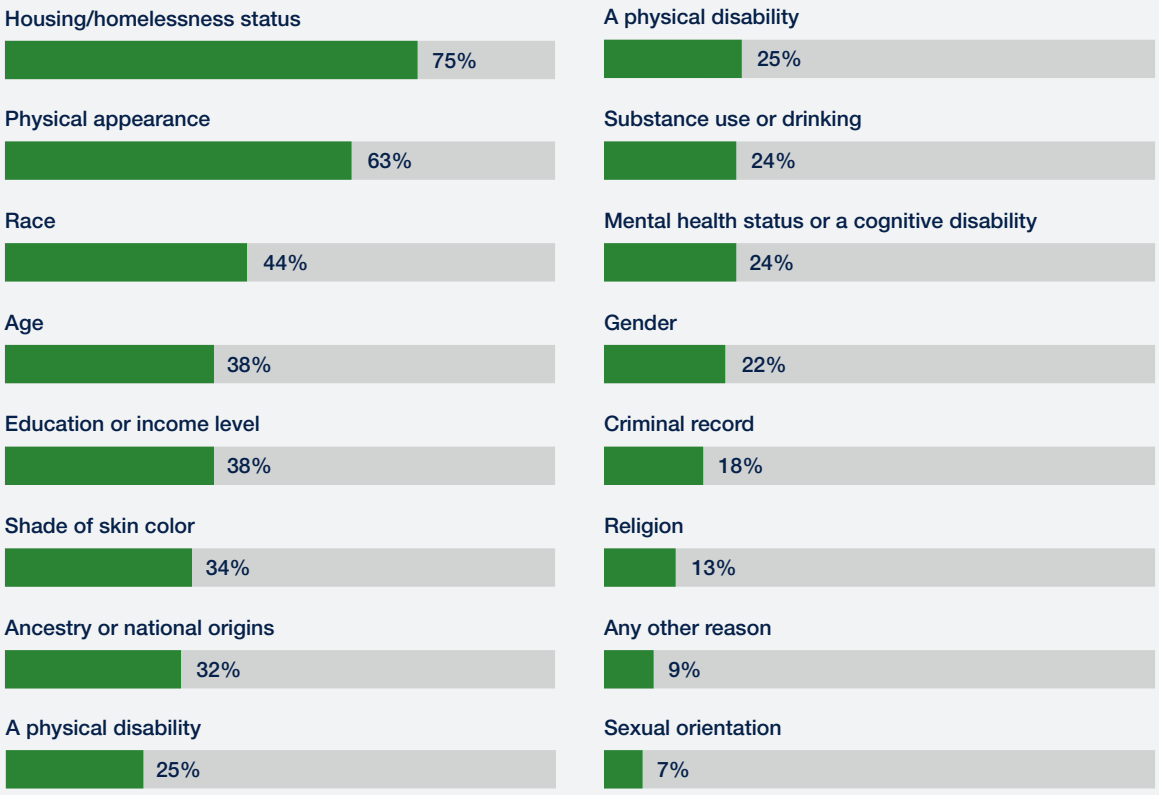
Many older adults (42%) experienced being roughed up or harassed by the police while they were experiencing homelessness. This experience was more common among early-onset older adults (53%) compared to those with late-onset homelessness (26%).

> *"You'll get that a lot, bro. A lot of discrimination toward the homeless, you know? They just hate you. And it makes me angry. So, I just have to step away."*
>
> **58-YEAR-OLD MAN**

Confiscations and Forced Displacements

Forced displacements, or encampment sweeps, are municipal efforts to resolve homeless encampments via authorized removals of belongings. Individuals living in the encampment are either requested or mandated to leave by authorities. Such municipal management strategies can result in homeless people losing their essential belongings including identification, mobility aids, medications, and contact information for social service or health providers.

FIGURE 21 Reasons Older Adults Faced Discrimination



Among older adults who reported experiencing discrimination.

Twenty-nine percent of all older homeless adults reported having their belongings confiscated while experiencing homelessness within the last six months. One 50-year-old participant noted: "They drive the garbage truck in here and the guys throw it in the back. And then, they cycle it so it gets smashed up and it's gone. It's gone. But they're supposed to give us 72 hours to move our stuff. And they're supposed to offer the opportunity—'We'll take you to a shelter right now if you want to go to a shelter.' They're not even doing that anymore."

SUMMARY

For older homeless adults, the experience of homelessness was harrowing, marked by poor health, despair, and traumatic experiences. Most spent the majority of their time unsheltered. The conditions of homelessness interfered with most aspects of their lives. Despite health conditions and functional impairments, they faced numerous barriers to obtaining adequate healthcare or shelter. Many turned to alcohol or drugs to cope. Those who tried to get mental health or substance use treatment encountered barriers to doing so. Being homeless left these older adults vulnerable to physical and sexual violence at the hands of strangers. Many spent time in jail, usually for short stays, or endured repeated confiscations of their essential belongings, further limiting their efforts to get back on their feet.

KEY TAKEAWAYS

- Most older adults reported they experienced unsheltered homelessness in the prior six months: 79% spent most nights unsheltered, and 89% spent at least one night unsheltered.
- Older adults experiencing homelessness are in poor health, with a high prevalence of chronic diseases and functional impairments.
- Although most older adults (86%) were covered by some form of health insurance, they still reported having unmet medical needs. One in four (25%) experienced a time when they were unable to get healthcare; 24% indicated they were unable to obtain needed medication.
- The majority of older adults (63%) reported having a mental health symptom; anxiety and depressive symptoms were the most common. Thirteen percent reported current hallucinations. Older adults who first experienced homelessness earlier in life (early onset) reported mental health symptoms more frequently than those with late onset homelessness.
- Thirty percent of older adults reported current, regular illicit drug use, and 8% reported weekly heavy episodic alcohol use. Among those who ever used illicit drugs, 24% reported their use increased during this episode of homelessness.
- 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.
- The overlap between complex behavioral health needs and functional and mobility impairments highlights the need for service models that can accommodate those with both behavioral health conditions and age-related functional impairments.
- Most older adults (82%) received public benefits during homelessness, but few seniors who were likely 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 discussed a strong desire to return to permanent housing but encountered barriers that complicated their exit from homelessness. In this chapter, we discuss barriers people experiencing homelessness confronted in their effort to return to housing and what may help them do so.

BARRIERS TO OBTAINING PERMANENT HOUSING

Housing Costs and Affordability

Nearly all older homeless adults (86%) identified housing costs as a barrier to returning to housing (Figure 22). With a median monthly income of $500 and numerous barriers to employment, older adults couldn't afford housing. In in-depth interviews, participants discussed the challenge of securing a job that paid enough for housing. One 62-year-old participant shared: "Rent is high in this town... way high for what you make around here. They don't have any jobs around this place, that you can make the type of money, unless you're lucky and find something that pays good money… I was mostly in construction and stuff… If someone offered me a place and I had a job and I could pay the rent, I'd do it."

Half (54%) indicated that the housing they could afford was either too far away or in an unsafe area. Participants discussed transportation challenges and ties to their current community (e.g., being near social support networks, proximity to medical care) as additional reasons they wouldn't want to move.

Insufficient Help, Administrative Challenges, and Technological Barriers

More than half (58%) of older adults stated that insufficient help from an organization, case manager, or housing navigator was a barrier to obtaining housing. In in-depth interviews, participants noted that they lacked phone access to reach out for help, didn't have access to or knowledge on how to use the internet, or moved frequently while unsheltered and couldn't stay in touch with case managers or housing navigators.

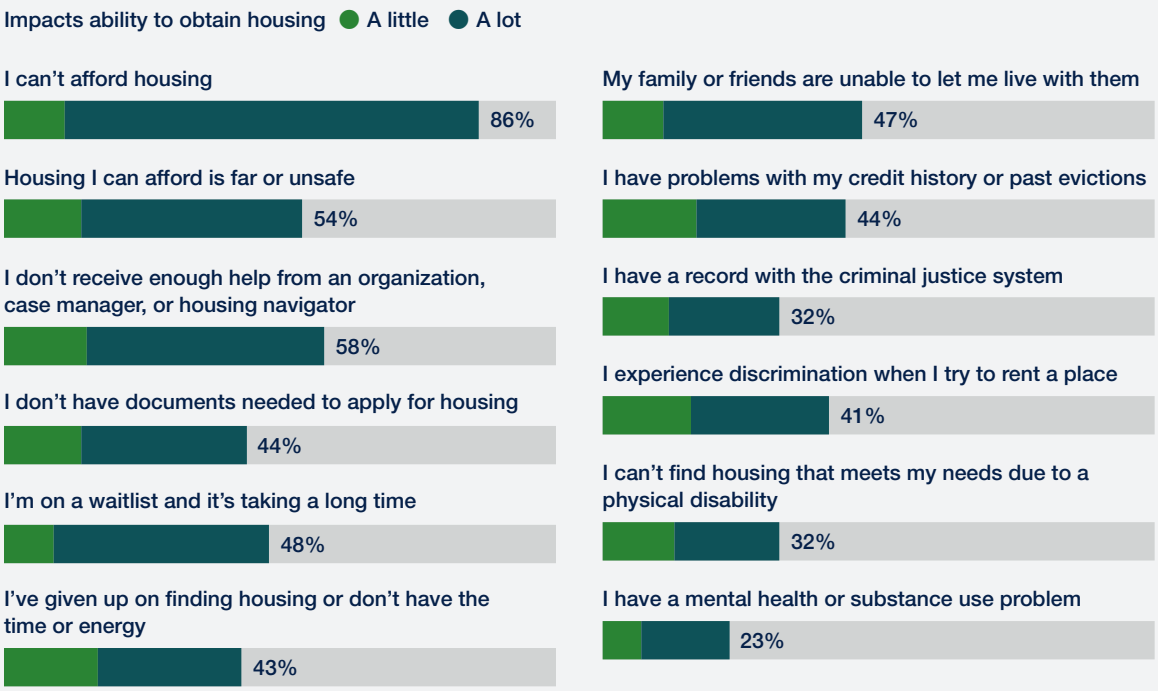
One 65-year-old participant shared: "I was telling her I have a problem... But I keep trying to fill the application out and it goes through this and it changes. And I can't… So I told her… 'Well, I'm having a problem with the [online] application.' I said, 'Can you give me a hard copy.' And she says… 'Well, if you come back in a couple days, maybe I can have something at the front desk where you can get a hard copy.'"

Participants discussed the challenges they faced when agency staff were difficult to reach, didn't follow through, or were unavailable to provide assistance in their housing search. Some shared concerns about staff turnover or other administrative issues that led to inconsistent contact with their case managers.

> *"About three months ago, I don't know why, they switched me to this other lady… [The former staff member] did so good, I don't know why they switched it to her and she is not doing anything. And now I'm back on the street again... I'm supposed to get in touch with her, but my phone messed up, so I have a new phone, so I'll contact her."*
>
> **62-YEAR-OLD MAN**

Applicants need documents such as identification cards, birth certificates, and income verification to apply for housing. Not having the necessary documents to apply for housing was a barrier to housing for 44% of older adults.

FIGURE 22 Barriers to Obtaining Permanent Housing for Older Adults



Hopelessness and Wait Times

Nearly half (48%) reported prolonged housing wait-lists as a barrier they experienced. Many worried that due to their age, they didn't have the time left to wait for housing. Wait times and other barriers produced a sense of hopelessness. Many older adults (43%) reported that they had given up on finding housing or that they didn't have the time or energy to seek it.

One 63-year-old participant noted: "I have gone to the housing authority here… I have an application on file. It's been six years. They will have me wait eight or ten years... And they gave me a list-–a list of [other] places to try to contact…But they haven't given me a voucher or anything. I've tried calling some places but I didn't get no answer. I didn't get no answer."

> *"I don't get nowhere when I come here. You know, I see people who have been here two, three years, some of them. C'mon, man... how you gonna have somebody sitting here that long waiting to get housing. And then, you know, I can't, I mean— I'm 64 years old, I don't have that kind of time.*
>
> *...I need my own thing, man. I don't got two or three more years to sit up in a place like this waiting to get housed… I don't have it, man."*
>
> **64-YEAR-OLD MAN**

Social Support and Rental Restrictions

Nearly half of older adults (46%) reported that they did not have family or friends who could provide them with a place to stay. In in-depth interviews, participants stated that it was difficult to remain with family or friends without having money to contribute to the household. Others discussed the barriers they faced moving in with friends or family due to restrictions on who could stay in their rental units. One 54-year-old participant noted: "I stayed with my mom for a week. And then, my mom is also on low-income housing. She's been there 21 years. So, I couldn't – we don't have any more family. My grandmother and them are gone. So, it's just me and her. And I couldn't afford her to be put out for housing me."

Discrimination and Prior Eviction History

Forty-four percent of older adults stated that having an eviction on their record or problems with their credit history posed a barrier for them. Thirty-three percent of older adults stated they had a record with the criminal justice system that posed a barrier to ending their homelessness.

Forty-one percent of older adults noted discrimination as a barrier to obtaining permanent housing. In in-depth interviews, older adults of color noted that experiences of racial discrimination could be subtle. A 64-year-old Black participant shared: "They try to put on a nice face, but they'll let you know, 'This is not your kind of place. We're going to let you look around, and then you'll see it's not for you.' But they do it in a nice way." Participants discussed being relegated to substandard housing options because of their race.

> *"Because it's hard. The face of a Black man that's homeless, it's hard to take, and to get somebody to give you something that's worth something, that's decent. They'll give you a broken down—a house they just bought, and before they can fix it up, they want to still rent it and make some money. They'll give you one like that…."*
>
> **64-YEAR-OLD MAN**

Physical and Behavioral Health-Related Barriers

Thirty-two percent of older adults reported that they could not find housing that met their needs due to a physical disability. In in-depth interviews, participants spoke to physical features of housing (stairs, doors that don't accommodate the width of a wheelchair, lack of handrails in showers, etc.) that made housing inaccessible.

> *"I was trying to rent a room; the doors are not wide enough for the wheelchairs that I had. They're not wheelchair accessible. I'd have to put myself in a place that I really probably wouldn't like if I found one that specifically catered to wheelchairs."*
>
> **63-YEAR-OLD MAN**

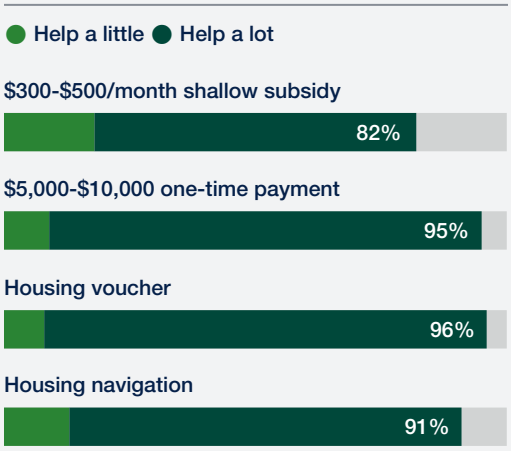
Twenty-three percent of older adults reported that their mental health or substance use posed a barrier to obtaining housing. Participants discussed difficulty navigating complex applications or administrative requirements while managing their mental health symptoms or substance use.

SUPPORTS TO FACILITATE RETURNS TO HOUSING

Financial Interventions

We asked participants to consider whether several hypothetical interventions (a $300-$500 monthly subsidy; a one-time $5,000-$10,000 lump-sum payment; a housing voucher, similar to a Housing Choice Voucher, which limits personal contribution to rent to 30% of income) would help end their homelessness. Eighty-two percent thought a monthly subsidy would help. Nearly all older adults thought that a one-time lump sum payment (95%) or a housing voucher (95%) would help them exit homelessness. (Figure 23)

FIGURE 23 Older Adult Report of Effect of Hypothetical Interventions to Support Returns to Housing



In in-depth interviews, participants discussed the difficulty of using vouchers in the private market. They shared that property owners were hesitant to approve their tenancy due to their homelessness or voucher use. They expressed the need for help, such as housing navigation, to use vouchers. One 68-year-old participant stated, "Homeless people have trouble getting into a real place even with money, even if the government backs their money, people don't want it."

Case Management and Housing Navigation

Half (52%) of older adults reported having received help finding housing from a case manager, housing navigator, or someone who works at an agency during their current episode of homelessness. One in three (32%) received this kind of help at least once per month in the prior six months. When asked about whether having someone to help them identify and obtain housing would be an effective intervention to help them exit homelessness, 91% said it would.

SUMMARY

Older homeless adults yearned for the safety and security of home. While older adults experiencing homelessness wanted to be housed, they faced numerous barriers. Nearly all reported that high housing costs created a barrier to returning to housing. Unable to afford housing on the private market, they remained on waitlists for years for subsidized housing. Lacking access to telephones or access to or comfort with the internet, they had difficulty conducting housing searches. When applying for housing, they faced additional challenges, including poor credit history, prior evictions, criminal justice histories, or discrimination, which led property owners to deny their applications. While older homeless adults recognized the need for help in their housing search, preparing documents, and negotiating with property owners, they received very little formal assistance. When they did have a case manager or housing navigator, circumstances got in their way—they lost contact because they had been displaced from an encampment or their housing navigator left the agency. Despite these challenges, older homeless adults remained optimistic that they could return to housing if they had assistance from a housing navigator along with shallow subsidies, one-time financial assistance, or a Housing Choice Voucher. Creating a California where all older adults thrive is within our reach.

KEY TAKEAWAYS

- Most older homeless adults (86%) identified housing costs as a barrier to exiting homelessness. They discussed difficulties 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.
- Older adults had little access to housing navigators to help them overcome barriers, such as lacking telephones, internet access, or appropriate documentation.
- 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%, 95%, respectively).

© Sam Comen

Policy Recommendations

To reduce and end homelessness among older adults, policymakers should: (1) increase access to affordable housing; (2) increase homelessness prevention strategies targeted for older adults; (3) 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; (4) increase incomes among extremely low-income older adults; (5) expand outreach to older adults experiencing homelessness; and (6) embed racial equity in all aspects of the response. We describe these in more detail below.

INCREASE ACCESS TO AFFORDABLE HOUSING

The severe shortage of housing affordable and available to extremely-low income (ELI) renters disproportionately impacts older adults. This shortage leads to older adults losing their housing and impairs their efforts to exit homelessness. Therefore, every route to ending the crisis of older adult homelessness flows through increasing access to housing affordable for ELI older adults. Doing so will involve producing, protecting, and preserving deeply affordable housing; increasing the availability of permanent subsidies; increasing access to housing navigation; and enforcing anti-discrimination laws.

Expand the Supply of Affordable Housing and Subsidies. To increase the availability of units affordable to ELI households, state housing finance agencies should prioritize funding projects that include units for ELI residents and explore new funding strategies. Expanding federal tenant-based voucher programs and project-based rental assistance programs, including a focus on adults 50 and older, could help stabilize older adults and provide a route to exiting homelessness. Increasing state and locally funded rental housing vouchers that target older adults could further leverage moderately priced units in the private market and stabilize older adults at risk of homelessness.

Eliminate Barriers To Access to Available Housing. To facilitate access to housing, communities need to decrease the barriers older homeless adults face. Housing navigation can assist with tenant screening and housing assessment, housing search, landlord engagement, document preparedness, and other services to connect individuals experiencing homelessness with housing. To expedite housing placement in federally subsidized units for people experiencing homelessness, HUD should replicate proven strategies to overcome barriers to housing. One example is to provide waivers that extend deadlines to submit required documentation. Programs to address housing discrimination and policies to reduce screening barriers for housing applicants, such as fair-chance housing policies, would increase access to housing.

INCREASE HOMELESSNESS PREVENTION STRATEGIES FOR OLDER ADULTS

Homelessness prevention must incorporate proven strategies that are both effective (the intervention is robust enough to meet needs) and efficient (targeted to those at highest risk). Tenants need more robust legal protections and financial assistance, those without tenancy protections have need for prevention mechanisms, and those leaving institutions need interventions to decrease homelessness.

Strengthen Eviction Protections. Strong eviction and tenant protections are key to keeping vulnerable older adults housed. Policies, such as just cause ordinances and rent stabilization or anti-gouging rent ordinances, should be expanded to protect ELI tenants. Increasing investments in free and low-cost legal assistance as well as tenants' rights resources can assist renters facing eviction. Policymakers should consider expanding Right to Counsel legislation for tenants, providing free legal representation to those facing eviction.

Target Homelessness Prevention to Older Adults at Highest Risk. Investment in prevention should focus on older adults at greatest risk for homelessness. Risk factors for homelessness include being doubled up, having prior or recent experiences of homelessness, and being severely rent burdened. Policymakers should expand targeted housing stabilization services, such as one-time emergency rent assistance or ongoing rent assistance. These services can prevent homelessness among older adults who face unexpected financial or social setbacks that interfere with their ability to pay rent, such as the loss of a job, death of a household member, or sudden injury or illness. Further, agencies should consider piloting shallow rental subsidy programs for older adults at risk of homelessness.

Embed Homelessness Prevention Into Existing Senior Programs. Community-based organizations and mainstream agencies that serve older adults should expand homelessness prevention strategies. Policymakers should invest in homelessness prevention services that can be embedded into existing programs that have established strong relationships with older adults through health care settings, meal sites, cultural programming, and socialization activities.

Prevent Homelessness for Older Adults Leaving Institutions. Many older adults enter homelessness directly from institutional settings. Jails and prisons should focus efforts on homelessness prevention. Increasing access to low-barrier housing for older adults leaving carceral settings without stable housing and increasing enrollment in benefits prior to release could reduce rates of older adult homelessness. For older adults being discharged from hospitals or other healthcare facilities, expanding respite programs or other transitional housing can decrease unnecessary hospital stays. Increasing access to permanent housing would allow people to exit respite and other interim housing options.

INCREASE SERVICES AND SUPPORTS TO MEET THE NEEDS OF OLDER ADULTS EXITING HOMELESSNESS

After ending their homelessness, older adults may continue to face significant physical and behavioral health challenges that put their housing at risk. Many older adults reported functional impairments coupled with behavioral health needs. Investing in enriching supports and coordinating services enables older adults to thrive. Many older adults experiencing homelessness will exit homelessness through Permanent Supportive Housing (PSH)—subsidized housing with voluntary supportive services. Adapting these services and supports will be necessary to meet the needs of an aging population.

Promote Housing Stability. To promote housing stability, communities should offer expanded support for older adults at risk of, or exiting from, homelessness. In addition to expanding permanent rental subsidies, resident services may help address challenges that older adults face in maintaining their housing. There is a need to create stronger partnerships between agencies that serve older adults and housing providers, including landlords in the private market.

Prioritize High-Quality Support Services in Permanent Housing. High-quality social services and on-site assistance in housing programs require long-term funding and increased staff capacity. Policymakers should develop sustainable funding and program frameworks to strengthen and improve the standard of care within PSH and other service-connected permanent housing programs, which requires investments in long-term operating subsidies for housing projects. We recommend exploring funding strategies that leverage resources through aging and health services to support the needs of older adults with complex behavioral health concerns and functional needs, including personal care support for limitations in activities of daily living.

Support Ongoing Functional, Mobility, and Cognitive Needs of Older Adults. Policymakers should develop targeted funding and replicate innovative models of contracting to provide Medicaid Home and Community Based Services and housing retention services. Policies should aim to eliminate barriers to receiving in-home support services that facilitate older adults and those with disabling conditions receiving needed personal care support. For those with higher needs, we recommend exploring assisted living waivers and replicating programs that support those with high behavioral health needs, while developing strategies to reduce costs. This approach should enable older adults to remain in community-integrated settings where possible, while strengthening the overall continuum of aging services to ensure that residents are able to transition into higher levels of care as necessary.

Improve Implementation of CalAIM. The California Advancing and Innovating MediCal (CalAIM) initiative is an effort to transform California's Medi-Cal (Medicaid) program to better serve people with complex needs. Among its purposes, CalAIM enables Medi-Cal managed care plans to couple clinical care with non-medical services, including housing supports.[38] While it has the potential to create a more effective approach to care for a range of people, including older adults experiencing or exiting homelessness, it requires expanded focus on implementation to reach its potential. Increased technical assistance would allow Medicaid managed care organizations and community-based agencies to maximize participation. Using new payment flexibilities requires increased coordination between state agencies, community-based organizations, and Medicaid agencies. The state should develop funding strategies to address resource gaps that impede care for those at risk of institutional stays or discharge to homelessness. The state should explore mechanisms to use MediCal funds for short-term rental assistance to select populations.

INCREASE HOUSEHOLD INCOME AMONG OLDER EXTREMELY LOW-INCOME ADULTS

Improving access to public benefits and expanding income support for older adults would help increase household income. Older adults reported low participation in public benefit programs like Social Security. Policies must aim to address barriers that homeless older adults face in obtaining public benefits such as SSI. These benefits have not kept up with the increasing cost of living, leaving beneficiaries with an income below the federal poverty level. Further, they impose unnecessary and inequitable penalties to participants for good-faith efforts to maintain housing stability, such as living in shared housing, receiving informal assistance from family or other supports, or saving money for emergencies.

EXPAND OUTREACH AND SERVICE DELIVERY TO OLDER ADULTS EXPERIENCING HOMELESSNESS

Homeless service providers are not meeting the immediate needs of older adults experiencing homelessness, especially unsheltered homelessness, at the scale or pace that is required. Thus, policymakers must address systemic barriers that worsen conditions for unhoused older adults and impact their overall health and safety.

Enhance Homeless Services' Capacity To Meet the Needs of Older Adults. To increase capacity, states should invest in technical assistance and training for homeless service providers to become familiar with the specific health, social, and economic needs of older adults experiencing homelessness. Policymakers should direct resources to build stronger partnerships and alignment between the homeless services sector and the aging services systems. Older adults face significant challenges due to insufficient help from service providers. Therefore, policies should aim to improve the retention and performance of frontline staff through increased wages and benefits.

Reduce Barriers to Shelter Access. Older adults with ADL limitations face significant barriers to shelter. Policymakers should increase training and improve services in congregate settings to accommodate people with functional, mobility, and cognitive needs, along with behavioral health challenges. To make them more physically accessible, facilities should prioritize funds to adopt universal design principles and ensure compliance with the Americans with Disabilities Act. Policymakers should expand non-congregate options that prioritize older adults with disabilities.

Create Rapid Access to Physical and Behavioral Health Service. Many older adults report unmet health needs, lacking a regular source of health care, and challenges accessing substance use treatment. To ensure that new patients experiencing homelessness can access appointments without lengthy delays, healthcare systems should increase the availability and accessibility of physical and behavioral health care providers. Substance use treatment services need to have the capacity to care for older adults.

Expand and Enhance Street Outreach. Coordinated street outreach is an effective strategy to engage people living in encampments and other unsheltered locations. Best practices include providing culturally specific services, peer support, and trauma-informed practices. Street medicine, street psychiatry, and other health-focused outreach should be expanded and use a harm-reduction framework to promote safety and stability for unsheltered older adults with substance use disorders.

Shift Away From Punitive or Criminal Justice System Responses to Homelessness. Reducing unnecessary involvement in the criminal justice system and eliminating punitive responses to unsheltered homelessness is essential to reduce housing barriers for older adults, who reported a high prevalence of lifetime experiences of incarceration in jail or prison. Communities should invest in non-police crisis response systems and reduce forcible encampment removals. Further, jurisdictions should work to reduce municipal fines, tickets, and fees that create financial and administrative barriers for unsheltered residents seeking housing.

EMBED RACIAL EQUITY IN RESPONSES TO HOMELESSNESS

Older adults experiencing homelessness reflect the racial disparities seen between homeless and non-homeless populations: Black or African American respondents were five fold overrepresented (31% of older homeless adults vs. 6% of older adults in California), and Native American or Indigenous respondents were 10-fold overrepresented (3% of older homeless adults vs. 0.3% of older adults in California). Policymakers must center equity in housing and homelessness systems to address the overrepresentation of people of color in the population experiencing homelessness and disparities in housing outcomes for participants in permanent supportive housing and other housing services.

Remove Systemic Housing Barriers That Perpetuate Racial Disparities. Addressing barriers that perpetuate racial disparities in homelessness requires expanding policies that reduce obstacles for tenants in the private market, such as tenant fair-chance laws, and increasing the availability of low-barrier, interim, and permanent housing options.

Combat Ongoing Discrimination in Housing Systems. Policymakers should increase funding to local and statewide fair housing organizations to enforce existing anti-discrimination laws and promote investigation of fair housing complaints. Further, they should expand policies and programs that identify and combat housing discrimination, especially those based on race and source of income. Additionally, anti-discrimination efforts should bolster protections for sexual and gender minorities, people with limited English proficiency, and people experiencing homelessness.

Address Racial Disparities in Homelessness Service Systems. Racially disparate outcomes are common in homeless service systems, where people of color (especially Black households) are more likely than other racial groups to leave housing placements and return to homelessness. In partnership with communities of color and people with lived experience, policymakers should develop and expedite strategies to address racially disparate housing outcomes in PSH and other housing programs. Jurisdictions should prioritize funding and technical assistance for culturally specific services, anti-racist organizational practices, and continuous improvement strategies to address systemic racial disparities.

Prioritize Racial Equity in Coordinated Entry Systems. Policies should include reforms to Coordinated Entry, a system created to prioritize PSH for the most vulnerable people experiencing homelessness. Policymakers should invest in strategies to address racially inequitable outcomes in Coordinated Entry assessment tools.

© Barbara Ries

ACKNOWLEDGMENTS

This report came together through the efforts, dedication, and insights of many people.

We are deeply grateful to members of BHHI's Lived Experience Advisory Board, which served as a critical partner throughout all phases of the study.

We extend our gratitude to the amazing staff at BHHI for their unwavering support in data collection analysis, writing, and editing.[39]

We express our deep appreciation for Zena Dhatt and Michael Duke for their contributions to our qualitative analyses. We are grateful to Vivian Bui for her help with data accuracy reviews and to Margo Pottebaum for her contributions to our quantitative analyses.

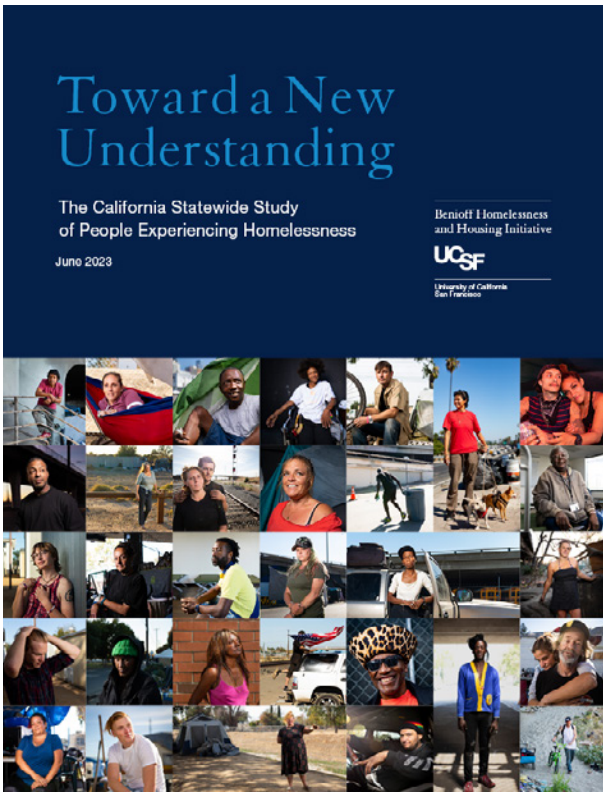
We thank our partners working on older adult homelessness, including Serving Seniors (Paul Downey), Justice in Aging (Patti Prunhuber), and National Alliance to End Homelessness (Yolanda Stevens and Alex Visotzky), who provided feedback and guidance as we prepared this report.

We thank Robin Craig who supported report design and dissemination efforts. We thank Erin Hartman for her expert editing that did wonders for the report.. Thank you to Elizabeth Weaver and Ranit Schmelzer for their strategic communications guidance. We thank Ellen Sherrod for her work on the layout and graphic design of this report.

The California Statewide Study of People Experiencing Homelessness (CASPEH) was funded by the UCSF Benioff Homelessness and Housing Initiative, California Health Care Foundation, and Blue Shield of California Foundation; we are grateful for their support. We express special thanks to the California Health Care Foundation for their generous support for this report. We are deeply grateful for their ongoing partnership and we thank Dr. Michelle Scheidermann and Dalma Diaz at CHCF for their partnership throughout. We extend immense gratitude to Marc and Lynne Benioff whose generous donation has provided essential support to the BHHI.

Most of all, we thank the older adults who shared their stories with us. We hope that this report catalyzes deep and meaningful changes toward a world where no one is without a home.

To access the full report of the California Statewide Study of People Experiencing Homelessness, click here or scan the QR code below.



REFERENCES

1 Hahn, J. A., Kushel, M. B., Bangsberg, D. R., Riley, E., & Moss, A. R. (2006). Brief report: The aging of the homeless population: Fourteen-year trends in San Francisco. *Journal of General Internal Medicine, 21*(7), 775–778. https://doi.org/10.1111/j.1525-1497.2006.00493.x

2 de Sousa, T., Andrichik, A., Prestera, E., Rush, K., Tano, C., Wheeler, M., & Abt Associates. (2023). *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress.* The U.S. Department of Housing and Urban Development. https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf

3 Culhane, D., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., & Schretzman, M. (2019). *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?* https://aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf

4 Ibid.

5 Culhane, D. P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). Aging Trends in Homeless Populations. *Contexts, 12*(2), 66–68. https://doi.org/10.1177/1536504213487702

6 Brown, R. T., Goodman, L., Guzman, D., Tieu, L., Ponath, C., & Kushel, M. B. (2016). Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. *PLOS ONE, 11*(5), e0155065. https://doi.org/10.1371/journal.pone.0155065

7 In this report, we use the phrases *age 50 or older* and *after age 50* synonymously (each meant to include age 50).

8 Ibid.

9 Ibid.

10 Colburn, G., & Aldern, C. P. (2022). *Homelessness Is a Housing Problem: How Structural Factors Explain U.S. Patterns* (1st ed.). University Of California Press.

11 National Low Income Housing Coalition. (2024). *The Gap: A Shortage of Affordable Homes.* [The GAP | National Low Income Housing Coalition]. https://nlihc.org/gap

12 Ibid.

13 Prunhuber, P., Kwok, V., Justice In Aging, & National Low Income Housing Coalition. (2021). *Low-Income Older Adults Face Unaffordable rents, Driving Housing Instability and Homelessness.* https://justiceinaging.org/wp-content/uploads/2021/02/Older-Adults-Rental-Housing-Burdens.pdf

14 Ibid.

15 Willison, C., Unwala, N., Singer, P. M., Creedon, T. B., Mullin, B., & Cook, B. L. (2024). Persistent Disparities: Trends in Rates of Sheltered Homelessness Across Demographic Subgroups in the USA. *Journal of Racial and Ethnic Health Disparities, 11*(1), 326–338. https://doi.org/10.1007/s40615-023-01521-9

16 Solomon, D., Castro, A., & Maxwell, C. (2019). Systemic Inequality: Displacement, Exclusion, and Segregation. Center for American Progress. https://www.americanprogress.org/article/systemic-inequality-displacement-exclusion-segregation/

17 Turner, M. A., & Greene, S. (2021, March 21). *Causes and Consequences of Separate and Unequal Neighborhoods.* Urban Institute. https://www.urban.org/racial-equity-analytics-lab/structural-racism-explainer-collection/causes-and-consequences-separate-and-unequal-neighborhoods

18 Delaney, R., Subramanian, R., Shames, A., & Turner, N. (2018). *American History, Race, and Prison.* Vera Institute of Justice: Reimagining Prison Web Report. https://www.vera.org/reimagining-prison-web-report/american-history-race-and-prison

19 Olivet, J., Wilkey, C., Richard, M., Dones, M., Tripp, J., Beit-Arie, M., Yampolskaya, S., & Cannon, R. (2021). Racial Inequity and Homelessness: Findings from the SPARC Study. *The ANNALS of the American Academy of Political and Social Science, 693*(1), 82–100. https://doi.org/10.1177/0002716221991040

20 Paul, D. W., Knight, K. R., Olsen, P., Weeks, J., Yen, I. H., & Kushel, M. B. (2019). Racial discrimination in the life course of older adults experiencing homelessness: results from the HOPE HOME study. *Journal of Social Distress and the Homeless, 29*(2), 184–193. https://doi.org/10.1080/10530789.2019.1702248

21 Brown, R. T., Hemati, K., Riley, E. D., Lee, C. T., Ponath, C., Tieu, L., Guzman, D., & Kushel, M. B. (2016). Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. *The Gerontologist, 57*(4), gnw011. https://doi.org/10.1093/geront/gnw011

22 Brown, R. T., Evans, J. L., Valle, K., Guzman, D., Chen, Y.-H., & Kushel, M. B. (2022). Factors Associated With Mortality Among Homeless Older Adults in California. *JAMA Internal Medicine, 182*(10), 1052. https://doi.org/10.1001/jamainternmed.2022.3697

23 We include two caveats. First, young adults (age 18-24) who experience homelessness are an important but distinct group. Research relies on different methods when trying to recruit representative samples of youth experiencing homelessness. To enhance our ability to find young adults, we relied on respondent-driven sampling, but do not make claims that we achieved representative sampling of this group. Secondly, in accordance with security requirements at domestic violence (DV) shelters, we used respondent-driven sampling (rather than venue-based screening) to find those staying in DV shelters.

24 Extract from U.S. Census Bureau. (2021). *2021 American Community Survey Public Use Microdata Samples.*

REFERENCES (CONT.)

25 Brown, R. T., Goodman, L., Guzman, D., Tieu, L., Ponath, C., & Kushel, M. B. (2016). Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. *PLOS ONE, 11*(5), e0155065. https://doi.org/10.1371/journal.pone.0155065

26 Brown, R. T., Hemati, K., Riley, E. D., Lee, C. T., Ponath, C., Tieu, L., Guzman, D., & Kushel, M. B. (2016). Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. *The Gerontologist, 57*(4), gnw011. https://doi.org/10.1093/geront/gnw011

27 Brown, R. T., Evans, J. L., Valle, K., Guzman, D., Chen, Y.-H., & Kushel, M. B. (2022). Factors Associated With Mortality Among Homeless Older Adults in California. *JAMA Internal Medicine, 182*(10), 1052. https://doi.org/10.1001/jamainternmed.2022.3697

28 U.S. Centers for Disease Control and Prevention. (2021). QuickStats: Percentage of Adults in Fair or Poor Health, by Age Group and Race and Ethnicity — National Health Interview Survey, United States, 2019. *MMWR. Morbidity and Mortality Weekly Report, 70*(9), 333. https://doi.org/10.15585/mmwr.mm7009a5

29 Respondents were asked, "Has a doctor or healthcare provider ever told you that you had..." and read the following list of conditions: diabetes; cancer (except non-melanoma skin cancer); HIV/AIDS; weak kidneys or chronic kidney disease; heart problems or a stroke (congestive heart failure, coronary disease, angina); a liver disease like Hepatitis B or C, or cirrhosis; asthma, chronic bronchitis, emphysema, or COPD (Chronic Obstructive Pulmonary Disease); high blood pressure.

30 Heimbuch, H., Rhee, Y., Michele Toomay Douglas, Juhl, K., Knoll, K., Stastny, S., & McGrath, R. (2023). Prevalence and Trends of Basic Activities of Daily Living Limitations in Middle-Aged and Older Adults in the United States. *Epidemiologia, 4*(4), 483–491. https://doi.org/10.3390/epidemiologia4040040

31 Extract from National Center for Health Statistics. National Health Interview Survey, 2022. Public-use data file and documentation. https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm. 2023.

32 Aubry, T., Nelson, G., & Tsemberis, S. (2015). Housing First for People with Severe Mental Illness Who are Homeless: A Review of the Research and Findings from the at Home—Chez soi Demonstration Project. *The Canadian Journal of Psychiatry, 60*(11), 467–474. https://doi.org/10.1177/070674371506001102

33 Tsemberis, S. J. (2015). *Housing first: the Pathways model to end homelessness for people with mental health and substance use disorders.* Hazelden.

34 Raven, M. C., Niedzwiecki, M. J., & Kushel, M. (2020). A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services. *Health Services Research, 55*(S2), 797–806. https://doi.org/10.1111/1475-6773.13553

35 Danielson, C. (2024). *California's Cash-Based Safety Net.* Public Policy Institute of California. https://www.ppic.org/publication/californias-cash-based-safety-net/

36 Congressional Research Service. (2021). *A Visual Depiction of the Shift from Defined Benefit (DB) to Defined Contribution (DC) Pension Plans in the Private Sector.* CRS Reports. https://crsreports.congress.gov/product/pdf/IF/IF12007

37 Michaels, E., Thomas, M., Reeves, A., Price, M., Hasson, R., Chae, D., & Allen, A. (2019). Coding the Everyday Discrimination Scale: implications for exposure assessment and associations with hypertension and depression among a cross section of mid-life African American women. *Journal of Epidemiology and Community Health, 73*(6), 577–584. https://doi.org/10.1136/jech-2018-211230

38 California Health Care Foundation. (2021). *CalAIM Explained: A Five-Year Plan to Transform Medi-Cal.* https://www.chcf.org/wp-content/uploads/2021/07/CalAIMExplained-FiveYearPlan.pdf

39 All staff who contributed to the California Statewide Study of People Experiencing Homelessness (CASPEH) are acknowledged in the main CASPEH report here.

Benioff Homelessness
and Housing Initiative

UCSF

University of California
San Francisco

TWITTER **@ucsfbhhi**
LINKEDIN **UCSF Benioff Homelessness & Housing Initiative**
WEBSITE **homelessness.ucsf.edu**
EMAIL **homelessness@ucsf.edu**