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ASSISTANT SECRETARY FOR
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**OFFICE OF BEHAVIORAL HEALTH,
DISABILITY, AND AGING POLICY**

Addressing Homelessness Among Older Adults: Final Report

Prepared for
the Office of the Assistant Secretary for Planning and Evaluation (ASPE)
at the U.S. Department of Health & Human Services

by
Westat

October 2023

Office of the Assistant Secretary for Planning and Evaluation

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This research was funded by the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation under contract and carried out by Westat. Please visit <https://aspe.hhs.gov/topics/homelessness-housing> for more information about ASPE research on homelessness and housing.

ADDRESSING HOMELESSNESS AMONG OLDER ADULTS: FINAL REPORT

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October 26, 2023

Prepared for

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Office of the Assistant Secretary for Planning and Evaluation
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The opinions and views expressed in this report are those of the authors. They do not reflect the views of the Department of Health and Human Services, the contractor or any other funding organization. This report was completed and submitted April 2023.

Acknowledgments

The authors would like to acknowledge the contributions of their colleagues, Ilene Rosin, for assistance with data collection, and Dr. Andreea Balan-Cohen, Dr. Cindy Gruman, and Dr. Beth Rabinovich for review of this report. We would also like to thank our project officers at the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Lauren Anderson, Emma Nye, and Emily Rosenoff for providing us guidance and support throughout the project.

We also thank the subject matter experts and service providers we interviewed for this project for graciously providing us their time and knowledge. Most importantly, we are grateful to the individuals with lived experience of homelessness in older adulthood who shared with us their experiences and recommendations.

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Executive Summary

The number of older adults at risk of and currently experiencing homelessness has increased rapidly in recent years, a trend that is projected to continue and further accelerate (Culhane et al., 2013; Culhane et al., 2019). Older adults at risk of or experiencing homelessness have unique needs compared to other populations experiencing homelessness. As a first step in understanding how to address the needs of this population, the U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Planning and Evaluation contracted with Westat to conduct a study of what is known about older adults experiencing homelessness, including an examination of the size, characteristics, and needs of this vulnerable population and the services, housing, and supports needed and available to serve them. The study included an environmental scan of published research, evaluations, and white papers as well as discussions with subject matter experts, housing and service providers, and people with lived experience of homelessness as older adults.

This report provides a roadmap for understanding the population of older adults at risk of or experiencing homelessness and what services and supports are available to serve them. Using an equity lens, we examine these topics with attention to what is known about racial and ethnic groups disproportionately impacted by homelessness. We highlight the challenges older adults face in accessing the assistance available; innovative practices, especially those implemented during the Novel Coronavirus (COVID-19) pandemic, that could ease these challenges; and remaining gaps that need to be filled to effectively tackle the problem. We end with recommendations to better identify and serve older adults at risk of or experiencing homelessness.

POPULATION OF OLDER ADULTS EXPERIENCING HOMELESSNESS

Older adults are the fastest-growing age group of those experiencing homelessness, composing nearly half of the homeless population (Kushel, 2022) and their numbers are estimated to triple by 2030 (Culhane et al., 2019). Older adults are especially vulnerable to homelessness as many live on fixed incomes insufficient to cover all their expenses, especially housing expenses (Sermons & Henry, 2010). Half of renters ages 50 and older pay more than 30 percent of their income on housing (Joint Center for Housing Studies, 2018).

Two trends in the growth of homelessness among older adults are apparent: aging of those who first experienced homelessness earlier in life and continue to experience homelessness as older adults and, increasingly, people experiencing homelessness for the first time in older age. The first group represents a cohort effect: individuals born in the second half of the post-World War II baby boom (1954-1963) who throughout their lives have had an elevated risk of homelessness due to limited employment opportunities, coupled with mental health and substance use disorders. The second group of older adults are experiencing homelessness for the first time after age 50 after having lived relatively stable lives including long periods of employment and residential stability. For this group, homelessness is often preceded by

stressful life events, such as the death of a spouse or partner, divorce, loss of work, eviction, or the onset of health problems, coupled with limited or fixed incomes (Cohen, 2004; Crane et al., 2005).

CHARACTERISTICS OF OLDER ADULTS EXPERIENCING HOMELESSNESS

Older adults with earlier experiences of homelessness have had increased vulnerabilities throughout their lives, including more adverse childhood experiences, more mental health conditions, greater alcohol and drug use, higher rates of incarceration, and more underemployment than those with later entry into homelessness (Brown et al., 2016). In addition, this group has spent more time homeless both overall and in their current episodes than those individuals whose first homelessness occurred in older age (Brown et al., 2016).

The few studies that have examined the racial and ethnic composition of older adults experiencing homelessness are limited in their generalizability due to having small samples drawn from limited geographic regions. Despite this limitation, their findings are consistent with national level data in that the percentage of African Americans who are experiencing homelessness is disproportionately large compared to the overall percentage of African American older adults (HUD, 2023; Moses, 2019).

SERVICE NEEDS OF OLDER ADULTS EXPERIENCING HOMELESSNESS

Compared to their housed counterparts, older adults experiencing homelessness have higher rates of health service utilization and more health and health-related concerns, including:

- Significantly shorter life spans (Metraux et al., 2011; Schinka & Byrne, 2018; Brown et al., 2016; Kushel 2020).
- Higher prevalence and severity of physical and geriatric conditions including memory loss, falls, difficulty performing activities of daily living (ADLs), cognitive impairment, and functional impairments (Brown et al., 2011; Brown et al., 2017; Hahn et al., 2006; Hwang et al., 1997).
- More complex health needs, comparable to housed individuals who are 10-20 years older (Cohen, 1999; Gelberg et al., 1990; Homelessness Policy Research Institute [HPRI], 2019; Brown et al., 2016).
- Higher rates of mental health and substance use disorders (Brown et al., 2011; CDC, 2008; Spinelli et al., 2017).

“Like my body isn't so resilient. When I was younger, I, mean, I went everywhere and bounced back. And now it's harder to get up out of the chair, let alone get up off the sidewalk if you're sleeping outside.”
– Adult currently experiencing homelessness, 59

As such, this population has greater need for health care supports, such as access to medications, durable medical equipment, and assistive technology, as well as assistance with ADLs, compared to their housed counterparts.

Compared to individuals younger than 50 years who are homeless, older adults experiencing homelessness have higher rates of chronic illnesses, geriatric conditions, and cognitive impairments as well as high blood pressure, arthritis, and functional disability (Garibaldi et al., 2005; Gelberg et al., 1990). Among people experiencing homelessness, older adults and younger adults have comparable rates of mental health and substance use disorders (DeMallie et al., 1997; Gelberg et al., 1990; Gordon et al., 2012).

Among older adults experiencing homelessness, older adults who first experienced it earlier in life have more behavioral health needs and service utilization than those who first experienced homelessness after age 50. Differences are most pronounced in rates of current mental health issues, including depressive symptoms, post-traumatic stress disorder, and substance use, as well as hospitalizations for mental health conditions (Brown et al., 2016).

Finally, food insecurity, lack of transportation, and loss of community surface as additional challenges for older adults experiencing homelessness. Older adults experiencing homelessness have rates of food insecurity that are nearly two times higher than estimates among all people living in poverty (Coleman-Jensen et al., 2016; Tong et al., 2018). Lack of transportation poses a particularly significant barrier for older adults, who are more likely to have mobility limitations due to health impairments, including poor eyesight and impaired cognition.

SYSTEMS AND SERVICES AVAILABLE TO SERVE OLDER ADULTS AT RISK OF OR EXPERIENCING HOMELESSNESS

Homelessness Assistance

Older adults may face unique challenges accessing homelessness assistance, including limited knowledge about the services available for which they are eligible, heightened anxiety about and lack of trust in working with providers, limited access to technology to complete online applications (National Council on Aging [NCOA], 2022), and difficulty attending scheduled appointments, providing documentation of eligibility, or completing the necessary paperwork (Grenier et al., 2013). As noted by experts, many crisis and interim housing facilities may not be accessible to older adults with mobility challenges and difficulty performing ADLs or these facilities may be unable to provide the kind of supports that older adults need. Although some organizations and municipalities offer programs aimed specifically at older adults, most communities do not provide this type of assistance.

Homelessness assistance includes prevention services, identification, engagement, and assessment services, as well as crisis or interim housing.

Housing Assistance

Access to housing assistance can be difficult given the current lack of availability and the high and growing demand among low-income older adults. Consequently, large numbers of older adults who are eligible for rental assistance either have a long wait time for assistance or do not end up receiving the assistance (Public and Affordable Housing Research Corporation [PAHRC], 2020), a finding reflected in our discussions with people with lived experience. Experts also noted a lack of residential options with sufficient support to enable older adults to age in place.

Housing assistance includes programs that provide time-limited assistance as well as a wide range of permanent subsidized housing options with and without supportive services. These include permanent supportive housing, permanent subsidies, low-income tax credit housing, and a range of residential and institutional care settings that may provide medical management, support services, and social activities.

Health Care, Long-Term Care, and Behavioral Health Services

Older adults face a number of challenges receiving the health care they need. Meeting basic needs such as food and housing often takes precedence over seeking treatment for physical and behavioral health needs. Lack of available providers within communities, limited provider capacity, a lack of transportation, and mobility challenges further exacerbate difficulties in obtaining the health care that older adults experiencing homelessness need (Baggett et al., 2011; Canham et al., 2020; Kushel et al., 2012; Lee et al., 2020; Ye et al., 2019).

Health care, long-term care, and behavioral health services, including medications, are available for older adults through a variety of federal and state-funded mechanisms including Medicare, Medicaid, VA benefits (for eligible veterans), and OAA and SAMHSA funded programs.

Basic Needs Assistance

Older adults experiencing homelessness often have difficulty accessing needed assistance. Individuals without fixed addresses and those with limited access to technology, as well as those with health or behavioral health conditions, may have difficulty establishing eligibility for assistance or completing their applications (Tong et al., 2018). Moreover, all of these basic needs programs may be limited in rural areas.

Assistance for basic needs, such as income, food, transportation, and social engagement are provided through a range of federal, state, private, and non-profit programs.

INNOVATIVE PROGRAMS TO SERVE OLDER ADULTS EXPERIENCING HOMELESSNESS

Numerous agencies and municipalities are implementing innovative programs to address the specific challenges older adults experiencing homelessness face, including with accessing needed assistance. A sample of the programs is highlighted throughout this report. For example:

- The Native American Disability Law Center in New Mexico and Arizona creates accounts for clients in an online benefits application portal to help individuals apply for energy assistance and other public benefits.
- The Hearth program in Boston, Massachusetts provides outreach to older adults at risk of or experiencing homelessness to apply for, locate, and move into subsidized housing.
- Serving Seniors in San Diego, California provides transitional housing with facilities accessible to people with mobility challenges and supportive services focused on the unique needs of older adults experiencing homelessness.
- The Southern California Clinical and Translational Science Institute in Los Angeles County is pilot testing the integration of the Community Aging in Place--Advancing Better Living for Elders (CAPABLE) program with permanent supportive housing to provide home-based services, such as occupational therapists, nurses, and handypersons, to formerly homeless older adults who experience difficulties with ADLs.
- St. Paul's Programs of All-Inclusive Care for the Elderly (PACE) program in San Diego, California, provides formerly homeless older adults subsidized housing with wrap-around supportive services, including primary and specialty health services, medication assistance, mental health services, occupational therapy, and dentistry, as well as meals and nutrition counseling, social activities, social services, and transportation assistance.

Moreover, during the COVID-19 pandemic, numerous federal, state, and local agencies provided additional assistance to older adults experiencing homelessness to access shelter, housing, and services through increased funding, policy changes or waivers, and new service delivery models. Many of these innovations may be continued or expanded to better serve vulnerable older adults, especially those who experience homelessness.

Examples of Programs Implemented During the Pandemic

- Expanded eviction prevention resources.
- Placement of people experiencing homelessness into motel rooms.
- Medicare coverage of telehealth services.
- USDA's SNAP Online Purchasing Pilot.

ADDRESSING GAPS IN SERVICE DELIVERY AND COORDINATION

The environmental scan and discussions identified a number of critical gaps in housing and service availability, accessibility, delivery, and coordination. The following interventions and

policy changes offer strategies to enable providers and policymakers to better meet the housing and support needs of older adults experiencing housing instability and homelessness.

- **Identification, outreach, and navigation services** particularly targeted to older adults experiencing homelessness who have specific barriers to receiving assistance, such as fears of losing their independence or difficulty understanding eligibility requirements. Few non-homelessness providers with whom older adults are connected, such as health clinics and benefits offices (e.g., Supplemental Nutrition Assistance Program [SNAP] offices), routinely screen for risk of homelessness. Older adults experiencing homelessness for the first time may not know what types of assistance are available or where to go to get it. They may also wait too long to request assistance to maintain their housing. Older adults experiencing homelessness need resources and assistance to learn about both the available supports for which they are eligible and the processes of applying for and accessing these supports.
- **Increased access to benefits and services** to provide a greater number of older adults at risk of or experiencing homelessness the assistance they need to address housing, health, and other challenges. Experts noted that restrictive eligibility criteria such as strict income and/or asset requirements, age or disability requirements, and other restrictions prevent or complicate access to key services for older adults experiencing homelessness.
- **Crisis and interim housing tailored to older adults.** There is a need for emergency shelter accommodations that include beds that are on the first floor or bottom bunk, 24-hour access to bedrooms and bathrooms, and refrigeration or locked storage for medications and medical supplies, as well as crisis or interim housing accessible to older adults with limited mobility, difficulties with ADLs, and needing assistance with limited health care and medication management.
- **Permanent supportive housing tailored to older adults with histories of homelessness.** Older adults with histories of homelessness often have greater functional impairments and behavioral health challenges, as well as limited connection to their communities. There is a need for permanent supportive housing with physical accommodations (e.g., wheelchair accessible buildings, grab bars in units) to address these needs as well as access to the types of case management and nursing assistance (e.g., medication management, wound care) that will allow them to age in place.
- **Consistent case management assistance** to assist older adults with accessing the housing and other supports they need.
- **Increased capacity of affordable housing.** More permanent supportive housing is needed, as well as a continuum of supports to provide tailored assistance to a diverse population of individuals, ranging from those who may need only shallow rental subsidies to those who need intensive medical management and support services.
- **Coordination across systems** to address the variety and unique needs of older adults experiencing homelessness. Barriers to coordination include siloed funding streams, varying eligibility criteria, overburdened staff, and data sharing barriers.

GAPS IN KNOWLEDGE

Gaps in knowledge include a lack of:

- Research around equity in services and outcomes.
- Research on the connection between health and homelessness among older adults.
- Documentation of the types of assistance available to older adults and their respective eligibility criteria and enrollment requirements.
- Additional data on older adults experiencing homelessness.

POTENTIAL STRATEGIES

Through the information identified in this scan, we offer a number of potential strategies for policymakers and service providers to better identify and serve older adults at risk of or experiencing homelessness. Strategies for policymakers at federal, state, and local levels to consider include:

- Additional prevention resources for older adults at risk of homelessness, including short-term rental assistance, resources to help with property taxes, and assistance with home maintenance costs.
- Assistance with other costs of living, including food, transportation, and other expenses that would allow rent-burdened older adults to meet their needs.
- Additional types of affordable housing assistance, such as shallow subsidies and affordable assisted living.
- Expanded state coverage for home and community-based services (HCBS), such as assistance with medication management and wound care; assistance with ADLs; and home management services, to help support individuals as they age.
- Identification of older adults by HUD as a key sub-population in its Annual Homelessness Assessment Reports to provide more national data on older adults experiencing homelessness.
- Better cross-system coordination, including through shared goals, flexible or blended funding streams, better integrated data, and coordination between the No Wrong Door Initiative with coordinated entry systems.
- Continuation of demonstration projects started during the pandemic, such as the U.S. Department of Agriculture (USDA)'s SNAP Online Purchasing Pilot, that facilitated access to services for older adults with limited mobility as well as flexibilities around Medicaid enrollment and housing vouchers.

Potential strategies for service providers include:

- More proactive identification by service providers, such as health clinics and those participating in the No Wrong Door Initiative, of older adults who are severely rent-burdened or otherwise at risk of homelessness.

- Better documentation of services and supports available in local communities to enable older adults at risk of or experiencing homelessness to know what assistance is available and how they can access it.
- Additional assistance accessing medical equipment, such as eyeglasses and hearing aids, that may be damaged or lost while people experience homelessness.
- Training for case management staff on issues specific to older adults.
- Improved access to income assistance for eligible individuals through programs such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) to provide a sustainable source of income for a larger share of older adults experiencing homelessness.

Section 1. Introduction

The number of older adults living in poverty is increasing (Li & Dalaker, 2021) due in part to the aging of the United States population overall, coupled with the growing affordable housing crisis (Aurand et al., 2021) and the public health and economic crises that resulted from the Coronavirus Disease 19 (COVID-19) pandemic. Older adults are increasingly likely to be housing cost-burdened (i.e., housing costs require more than 30 percent of household income) and severely housing cost-burdened (i.e., housing costs require more than 50 percent of household income). In 2019, around 5 million households headed by someone aged 65 or older paid at least 30 percent of their income on rent, and another 5 million paid at least 50 percent (Joint Center for Housing Studies, 2019). Not surprisingly, the population of older adults at risk of or experiencing homelessness is also growing rapidly and is projected to continue to grow over the next decade (Culhane et al., 2013; Culhane et al., 2019). Until recently, older adults who experience homelessness have largely struggled with housing issues throughout much of their adult lives (Culhane et al., 2013), concomitant with other health and life challenges. Yet, recent research has identified a growing subgroup of older adults who become homeless for the first time after the age of 50, due largely to economic factors (Brown et al., 2016; Crane et al., 2005; Shinn et al., 2007).

Terminology

Throughout the report, we use the term “older” adults to refer to people 50 years of age and older, and the term “senior” to refer to people 62 years of age and older. We use the term “elderly” only when referring to specific eligibility criteria for the various programs and services discussed.

The growth in this population and the different pathways they follow into homelessness underscore the critical importance of understanding the needs of this vulnerable population and what services and housing can best address them. Drawing on published literature and interviews with researchers, providers, and people experiencing homelessness, this report provides an overview of the characteristics and needs of older adults at risk of or experiencing homelessness, differences between individuals who are newly experiencing homelessness in older age and those who first experienced homelessness earlier in life, and the types of services, housing, and supports needed to serve them. Using an equity lens, we examine these topics with attention to what is known about racial and ethnic groups disproportionately impacted by homelessness. Finally, we add to this summary an exploration of the programs, policies, services, and supports that exist to prevent and address homelessness across the systems that serve older adults. Brought together, the research and systems’ offerings provide a roadmap for determining what is available now to both prevent homelessness among those at risk as well as what is available to serve those who are experiencing homelessness. We highlight the challenges older adults face in accessing the assistance they need, innovative practices, especially those implemented during the COVID-19 pandemic that could ease these challenges, and remaining gaps that exist that need to be filled to effectively tackle the problem.

OVERVIEW OF REPORT

Section 2 provides a discussion of the population of older adults experiencing homelessness, including the prevalence of and pathways into homelessness. We examine the characteristics and needs of older adults experiencing homelessness, including sociodemographic characteristics, health and behavioral health conditions, and basic needs. Where possible, we compare these characteristics and needs to those of housed older adults as well as to younger adults who are homeless to understand how the characteristics and needs of older adults experiencing homelessness may be unique. **Section 3** addresses the systems and services available to serve older adults at risk of or experiencing homelessness, including homelessness and housing supports, health and behavioral health services, income supports, and other basic needs assistance programs. For each of these service areas, we describe the assistance available to low-income older adults generally and to older adults experiencing homelessness specifically. We highlight challenges older adults face in accessing assistance and innovative programs or strategies available to serve them. We also address changes in policies or practices during the COVID-19 pandemic to facilitate access to needed services for older adults experiencing homelessness may be beneficial to continue post-pandemic. In **Section 4**, we identify critical gaps in the housing and services available to meet the needs of older adults at risk of or experiencing homelessness and in existing research. We end with potential strategies to better identify and serve older adults at risk of or experiencing homelessness.

METHODOLOGY

This report incorporates findings from an environmental scan, including a review and synthesis of published research, evaluations, and white papers, discussions with subject matter experts and housing and service providers, and interviews with people with lived experience of homelessness in older adulthood. Each of these methods is described in further detail in the **Appendix**. For the environmental scan, we used a systems approach for identifying key resources, including focused searches on literature and other resources within the fields of homelessness and housing, health and behavioral health, and aging. We also conducted discussions with a diverse set of subject matter experts and housing and service providers. Throughout the report, these individuals are referred to as experts and providers. We also collected data through tailored conversations from individuals between the ages of 56 and 74 who were experiencing or had experienced homelessness as older adults. Six people were currently experiencing homelessness at the time of the discussion and were staying in shelters, in tents, or on the sidewalk. Eight people were housed, with seven in permanent supportive housing and one in low-income housing. The goals of these conversations were to learn more about their experiences accessing the housing, supports they needed, and challenges they faced.

Section 2. Size, Characteristics, and Needs of the Population of Older Adults Experiencing Homelessness

PREVALENCE OF HOMELESSNESS AMONG OLDER ADULTS

Homelessness among older adults is increasing, with a growing proportion of the population experiencing homelessness aged 50 and older.¹

People aged 50 and older are the fastest-growing age group of those experiencing homelessness, and their numbers are estimated to triple by 2030 (Culhane et al., 2019). According to the U.S. Department of Housing and Urban Development (HUD), in 2021, people aged 55 and older composed 19.8 percent of the sheltered homeless population (HUD, 2023), an increase from 17.9 percent in 2020. This rate is even higher when we focus on adult-only households experiencing homelessness: 28.7 percent in 2021 (HUD, 2023). Among sheltered homeless adults with chronic patterns of homelessness, those aged 55-64 made up the largest share of people experiencing chronic homelessness (27.0 percent), and a total of 35.7 percent were aged 55 and older in 2021 (HUD, 2023). The percentage of individuals aged 51 and older in emergency shelters, transitional housing, and safe havens increased more than 10 percent in a decade, from 23.0 percent in 2007 to 33.8 percent in 2017² (HUD, 2018). Among people experiencing sheltered homelessness, people ages 55-64 compose a larger proportion (14.7 percent in 2021) than those ages 65 and older (5.1 percent in 2021) (HUD, 2023). In addition, the percentage of older adults in permanent supportive housing grew during this time from 23.9 percent in 2007 to 38.7 percent in 2017 (HUD, 2018).

Age is the predominant way to define older adults experiencing homelessness, though the specific age is not universally agreed upon in the literature or in practice.

Most current research on older adults at risk of or experiencing homelessness focuses on those who are 50 and older. The experts with whom we spoke agreed that defining older adults in this way makes sense for both research and practical purposes, because the health and mobility of adults experiencing homelessness at age 50 is similar to that of housed adults who are 15-20 years older. Housing and service providers, on the other hand, noted that they are often required to define older adults as age 55 and older or 62 and older because of eligibility restrictions imposed by their programmatic funding sources. For example, Supportive Housing for the Elderly vouchers provide rental assistance and supportive services to low-income households that include at least one member who is 62 years or older. Individuals 55 and over are eligible for other HUD-funded assistance for elderly and disabled households such as

¹ In its Annual Homelessness Assessment Reports to Congress, HUD publishes the percentage of people experiencing unsheltered homelessness only for three age groups: under 18, 18-24, and over 24. Data for older adults (55-64 and 65 and older) are only available for sheltered populations.

² In HUD's Annual Homelessness Assessment Reports to Congress, the age categories for older adults changed in 2017 from 51-62 and 62 and older to 55-64 and 65 and older in 2018. Thus, we cannot measure changes over time in the size of the population of older adults experiencing sheltered homelessness from before 2017 to present.

Housing Choice Vouchers and public housing. Nutrition assistance, such as Meals on Wheels, is provided by State Units on Aging and Area Agencies on Aging to adults aged 60 and older. To provide services to individuals under 55, service providers often must use private funding sources.

A couple of experts suggested, however, that defining “older adults” among those experiencing homelessness, especially in relation to determining eligibility for assistance, should be based on individuals’ health needs or functional limitations rather than age-based criteria alone. They noted that many adults experiencing homelessness in their 40s and 50s have disabilities requiring the same level of services and supports typically provided to older adults. Moreover, due to increased mortality rates among people experiencing homelessness, many of these individuals never reach “older adult” ages. One provider indicated, however, that there was insufficient age granularity in data collected on adults experiencing homelessness to best determine at which ages physical and mental health vulnerabilities are heightened, knowledge that could help guide the categorization of older adults among those experiencing homelessness.

PATHWAYS INTO HOMELESSNESS FOR OLDER ADULTS

Income supports for older adults at risk of homelessness are often insufficient to cover their expenses.

SSI and SSDI are often the primary sources of income for older adults at risk of or experiencing homelessness, with earned income, panhandling, and monetary assistance from relatives as supplementary sources (Cohen et al., 1999; Garibaldi et al., 2005; Gonyea et al., 2010). These income supports are often insufficient to cover the cost of housing and other expenses (Airgood-Obrycki, 2019). Living on limited, fixed incomes, older adults experience housing cost burden more frequently than the general population, potentially resulting in housing loss (Sermons & Henry, 2010). According to the Joint Center on Housing Studies of Harvard University, people older than age 50 have the highest risk of paying more than 30 percent of their income on rent or mortgage, with as many as one half of renters ages 50 and older doing so in 2018 (Joint Center for Housing Studies, 2018). Approximately 10 million households headed by someone over age 65 pay at least 30 percent of their income on housing, and half of those pay over 50 percent (Joint Center for Housing Studies, 2019). Nationally, more than 1.7 million extremely low-income renter households with an older adult are severely cost-burdened, spending more than half their income on rent (Prunhuber & Kwok, 2021). Being cost-burdened by housing limits resources available for other expenses, including health care, transportation, and healthy food. With an overwhelming portion of their incomes dedicated to rent, many severely rent-burdened older adults go without heat, food, or medication to pay their rent (Prunhuber & Kwok, 2021). Cost-burdened older adults are more likely to report an inability to fill a prescription or adhere to health care treatments due to cost (Center for Housing Policy, 2015). Moreover, the challenge of affording housing on limited incomes is exacerbated for Black and Latinx older renters, who are more likely than White older renters to

have insufficient income and few assets as they enter retirement years (Prunhuber & Kwok, 2021).

The population of older homeless adults is comprised of two subgroups with different trajectories into homelessness.

The growth of homelessness among older adults can be attributed to two trends: aging of those who first experienced homelessness earlier in life and continue to experience homelessness as older adults, and those experiencing homelessness for the first time in older age.

Older adults who first experienced homelessness earlier in their lives represent a cohort effect: individuals born in the second half of the post-World War II baby boom (1954-1963) who have had an elevated risk of homelessness throughout their lives and have reached aged 50 and older in the last decade (Culhane et al., 2013). This group of individuals became adults in a time when there was an oversupply of workers and undersupply of housing, resulting in depressed wages, high unemployment, and increased rents. These inauspicious circumstances combined with back-to-back recessions in the late 1970s and early 1980s contributed to intermittent employment in low-wage jobs and frequent periods of unemployment (Culhane et al., 2013), and subsequently, increased vulnerability to housing instability and homelessness throughout their lives. Moreover, this group of older adults experiencing homelessness typically have had more risk factors (e.g., mental health and substance use disorders) for homelessness throughout their lives than older adults who first experience homelessness after age 50, thus increasing their vulnerability to homelessness throughout their lives (Culhane et al., 2013; Brown et al., 2016). In discussions, experts and providers noted that whereas these individuals may have initially entered homelessness as younger adults due to economic factors, they often are unable to regain long-term stability due to physical or behavioral health challenges.

The second group of older adults are people who experience homelessness for the first time after age 50, largely due to economic instability in their later years. In the Health Outcomes in People Experiencing Homelessness in Older Middle Age (HOPE HOME) study, almost one-half of the 350 older adults included in the sample (43 percent) had not experienced homelessness before age 50 (Brown et al., 2016). In a qualitative study including 79 older adults experiencing homelessness, Shinn and colleagues (2007) similarly found that over half of the respondents lived relatively stable lives, typically involving long periods of employment and residential stability, before becoming homeless at an average age of 59. In an international study of adults aged 50 and older newly experiencing homelessness in Boston, England, and Melbourne, Crane and colleagues found that only about one-third of the sample had experienced homelessness prior to the current episode (Crane et al., 2005). For older adults experiencing homelessness for the first time, homelessness is often caused by stressful life events, such as the death of a spouse, divorce, loss of work, eviction, or the onset of health problems, coupled with limited or fixed incomes (Cohen, 2004; Crane et al., 2005). Seniors and people with disabilities compose nearly half of renters with extremely low incomes (i.e., at or below the poverty guideline or 30 percent of the area median income) (Aurand et al., 2021), making them vulnerable to homelessness when stressful events occur (Brown et al., 2016; Kushel, 2020).

Experts and providers reinforced these findings: older adults relying on decreased or fixed incomes often cannot withstand rising housing costs, including increasing rents, increasing property taxes, and ongoing home maintenance costs. One expert noted that most states do not have rent control or eviction protection. Another noted that few, if any, tax relief programs are available nationally for older adults who cannot afford their property taxes, so increasing house values can lead to financial strain even for those who own their own homes. Additional factors experts and providers noted that can exacerbate older adults' risk of homelessness include financial exploitation, decreased perception of risk that can accompany cognitive aging, and loss of social supports as family and friends move or pass away. Multiple interviewees reported that individuals who have been self-reliant for many years often do not reach out for assistance until their situation is dire due to shame or lack of knowledge about the supports available offered and how to navigate the system.

These findings also were reflected in the experiences of the people with lived experience with whom we spoke. Among the 14 older adults we engaged in conversation, the majority indicated they had multiple experiences with homelessness throughout their lifetimes; two people experienced homelessness for the first time as older adults. Both of the newly homeless individuals reported their homelessness was

"I got peripheral neuropathy in my hands. My occupation was a ballet accompanist. When my hands started getting numb from the peripheral neuropathy, I could not do that, the line of work, anymore... That was the first time that I was not working." – Male, 65

caused by changes in their incomes. One individual lost her housing when her rent increased and her husband's income declined. Another lost his housing when health problems prevented him from doing his job. Among those who had previous experiences with homelessness, four people attributed their recent experiences to mental health issues and substance use disorder, and two people reported physical injuries led them to lose their jobs and subsequently their housing. Two people reported having lost their most recent housing when a loved one passed away and one person reported his house burned down and they had no other place to go. The remaining three individuals did not cite a cause for their recent homelessness.

CHARACTERISTICS OF OLDER ADULTS EXPERIENCING HOMELESSNESS

Older adults who experienced homelessness earlier in life differ significantly on a range of characteristics and needs from older adults who first experience homelessness after the age of 50.

Early evidence suggests that older adults who experienced homelessness earlier in life have had more vulnerabilities throughout their lives than older adults with later entry into homelessness. Older adults with earlier experiences of homelessness have more adverse childhood experiences, chronic medical conditions, drug use, and out-of-home placement during childhood; more mental health, alcohol and drug use, and incarceration during young adulthood; and more underemployment, drug use, and traumatic brain injury during middle adulthood (Brown et al., 2016). In contrast, individuals with later onset homelessness have

typically been married, held jobs, and maintained housing in the past but experience homelessness for the first time after age 50 (Brown et al., 2016; Shinn et al., 2007). Although often living in poverty throughout their adult lives, these individuals have long work histories, usually in low-paying, physically demanding work.

Exhibit 1. Sample Racial/Ethnic Composition for Studies of Older Adults Experiencing Homelessness					
Category		Studies of Older Adults Experiencing Homelessness			
Study	Brown et al., 2010	Brown et al., 2015	Garibaldi et al., 2005		Gordon et al., 2012
Location	Oakland	Boston	Pittsburgh and Philadelphia		Multi-site
Sample ¹	776 older adult attendees (50 and older) at an outreach event	204 older adults (50 and older) recruited from emergency shelters	74 older adults (50 and older) recruited from unsheltered enclaves, shelters, and transitional housing or single-room occupancy dwellings		408 older adults (55 and older) experiencing homelessness with mental illness
Racial/Ethnic Composition of Sample ²					
Black/African American	54%	40%	81%		28%
White/Caucasian	29%	40%	19%		60%
Latino	8%	10%	--		--
Multiracial/Other races	9%	9%	--		13%
Racial/Ethnic Composition of Overall Population ³	Oakland	Boston	Pittsburgh	Philadelphia	N/A
Black/African American	22%	24%	23%	41%	
White/Caucasian	29%	44%	64%	35%	
Latino	27%	20%	4%	15%	
Multiracial/Other races	9%	10%	5%	5%	
¹ These samples of older adults are often sub-sets of larger samples included in the studies.					
² Terminology reflects that used in the included studies.					
³ U.S. Census, 2021.					

Those who first experienced homelessness prior to age 50 typically have experienced homelessness for longer periods of time overall and in their current or recent episodes.

Not surprisingly, older adults who first experienced homelessness prior to age 50 have spent more time homeless (4.2 years) than those individuals whose first homelessness occurred at age 50 or older (2.0 years) (Brown et al., 2016). In the HOPE HOME study, the two groups also

differed in the length of their current episode of homelessness. Nearly three-fourths (73 percent) of those with first homelessness before age 50 were continuously homeless for one year or longer in their current episode, compared to 60 percent of those who first experienced homelessness after the age of 50 (Brown et al., 2016). Those with earlier experiences of homelessness also spent a greater period of time during the three-year follow-up period living in unsheltered and institutional settings (shelters, jails, transitional housing), whereas individuals newly experiencing homelessness as older adults spent greater periods of time cohabiting or living in rental housing during the follow-up period (Lee et al., 2016).

The limited data available on the racial/ethnic composition of the population of older adults experiencing homelessness suggests an overrepresentation of people of color.

Data on racial/ethnic composition for this population are available only from a handful of regional studies. **Exhibit 1** provides the racial/ethnic background of each of the study populations. These studies vary considerably in the geographic area in which they are set and in the sampling strategies used to identify the population. Despite the differences in how they were conducted and in their specific findings, each study found a larger percentage of African Americans experiencing homelessness than the broader population, a finding that is similar to national data on the overall population of people experiencing homelessness (HUD, 2020; Moses, 2019).

SERVICE NEEDS OF OLDER ADULTS EXPERIENCING HOMELESSNESS

In this section, we review the service needs of older adults experiencing homelessness and how they compare to the needs of older housed adults and younger adults experiencing homelessness. Where available, we include evidence on the differences between the subgroups of older adults experiencing homelessness for the first time compared to those who have previously experienced homelessness and between racial/ethnic groups that are disproportionately likely to experience homelessness.

Exhibit 2 provides a summary of the characteristics and service needs of older adults experiencing homelessness presented here in comparison to older housed adults and younger homeless adults.

Exhibit 2. Comparison of Characteristics and Needs of Older Adults Experiencing Homelessness			
Older Adults Experiencing Homelessness	Finding	Compared to:	
		Older Housed Adults	Younger Adults Experiencing Homelessness
Physical Health Needs			
Average life expectancy	64-69 years	Shorter life expectancy	---
Rates of health and geriatric conditions	30-39% ADL impairment; 21-59% experience hypertension	Higher rates	Higher rates
Utilization of acute health care services	43-70% have emergency department visits; 10-43% have hospitalizations	Higher utilization	Comparable rates
Behavioral Health Needs			
Rates of mental health conditions	~40%	Higher rates ¹	No clear patterns ²
Rates of substance use disorder	26-63%	Higher rates	No clear patterns
Basic Needs			
Rates of food insecurity	~55%	Higher rates ³	Higher rates
Lack of transportation	---	---	---
¹ As compared to 3 nationally representative samples of older adults.			
² Indicates studies show inconsistent findings on the differences between older and younger adults experiencing homelessness.			
³ As compared to national estimates of population living in poverty.			

Physical Health Needs

Older adults experiencing homelessness have significantly shorter life spans than housed older adults, though they die from similar chronic conditions.

Studies consistently document a shorter life span of older adults experiencing homelessness despite the range of sub-populations studied, including individuals staying in shelters in New York City (Metraux et al., 2011); veterans in transitional homeless programs (Schinka et al., 2017; Schinka & Byrne, 2018); and individuals experiencing homelessness in Oakland, California (Brown et al., 2016; Kushel, 2020). For example, Metraux and colleagues (2011) matched administrative records for adults staying in the New York City shelter system with death records from the Social Security Administration. They found that older adults experiencing homelessness have a life expectancy of approximately 64 years for men and 69 years for women (Metraux et al., 2011), compared to national life expectancies of 76 years for men and 81 years for women (Xu et al., 2020). Further, Hwang and colleagues (1997; 2008) found that both older adults experiencing chronic homelessness and those who first became homeless later in life had elevated mortality rates. Finally, although the most common causes of death

among older homeless adults are similar to housed older adults, for example, cancer and cardiovascular disease, these illnesses occur approximately 20 years earlier (Kushel, 2020).

Older adults experiencing homelessness have health challenges similar to older adults who are housed but who are of more advanced ages.

Adults experiencing homelessness between ages 50 and 62 often have health conditions that are more severe than housed individuals their own age, but similar to those of housed people who are 10-20 years older (Cohen, 1999; Gelberg et al., 1990; HPRI, 2019; Brown et al., 2016). Compared to their housed counterparts, older adults experiencing homelessness have a higher prevalence and severity of physical and geriatric conditions including memory loss, falls, difficulty performing ADLs, and cognitive impairment (Brown et al., 2011; Brown et al., 2017; Hahn et al., 2006; Hwang et al., 1997). Moreover, comorbid conditions among older adults experiencing homelessness are common, including hypertension, arthritis, cognitive impairment, frailty, hearing difficulty, and urinary incontinence (Kushel, 2020; Brown et al., 2011, Brown et al., 2016; Brown, 2017; Gelberg et al., 1990). Additionally, in discussions, experts and providers noted that sleep deprivation resulting from sleeping in unsheltered locations such as tents or cars or in shelters that were crowded or offered limited hours of access exacerbated older adults' physical and mental health challenges and accelerated cognitive decline.

Older adults have different health conditions than younger adults who are homeless, though adults of all ages experiencing homelessness have poorer health status than those who are housed.

Among those experiencing homelessness, older adults compared to younger adults have higher rates of chronic illnesses such as high blood pressure; geriatric conditions, including arthritis, and functional disability; and cognitive impairments (Garibaldi et al., 2005; Gelberg et al., 1990). To illustrate, in a cross-sectional, community-based survey of homeless adults in two United States cities, older adults were 3.6 times as likely to have a chronic medical condition as those under age 50 (Garibaldi et al., 2005). Older adults also were more likely to report two or more medical conditions (59 percent vs 28 percent) compared to the younger adults experiencing homelessness (Garibaldi et al., 2005). A five-year study of 28,000 adults who received care at the Boston Health Care for the Homeless Program reported death rates of almost 2.5 times higher for those ages 45-64 compared to those ages 25-44 (Baggett et al., 2013). When compared to the general housed population of the same ages, people 25-44 years old experiencing homelessness had mortality rates 9 times higher, while people 45-64 years old experiencing homelessness had mortality rates 4.5 times higher (Baggett et al., 2013).

Older adults experiencing homelessness utilize acute health care services at high rates and significantly more than the general population of older adults.

Older adults experiencing homelessness use acute health care services at high rates, with rates across studies ranging from 43 percent to 70 percent for emergency department visits and 10-43 percent for inpatient hospitalizations (Brown et al., 2010; Brown et al., 2011; Raven et al., 2017). Very few studies have compared national rates of acute health care services utilization between older adults experiencing homelessness to those of their housed counterparts. In a

study comparing older adults experiencing homelessness in Boston to three nationally representative samples of older adults, 43 percent of the older homeless adults had been admitted to the hospital more than once in the prior year compared to 11 percent of the nationally representative sample. Moreover, whereas 70 percent of the older adults experiencing homelessness had more than one emergency department visit in the prior year, only 19 percent of the nationally representative sample of older adults did (Brown et al., 2011). Further, most older adults experiencing homelessness in the sample had received ambulatory care (87 percent) within the previous 12 months (Brown et al., 2011). A study using a similar sample of older adults experiencing homelessness found a small proportion of the sample accounted for half of all emergency departments and inpatient visits; those who spent the majority of the past six months homeless, either unsheltered or staying in shelters, had significantly higher rates of emergency department visits than those who had spent most of their time housed (Brown et al., 2010).

Older adults experiencing homelessness use the emergency department most frequently for injuries and exposure to violence; complications resulting from substance use, including alcohol and tobacco; and treatment of mental health disorders (Raven et al., 2017). Among people experiencing homelessness, emergency departments remain a low-barrier access point to seek pain management and medical treatment for chronic medical conditions and pain that could be managed in outpatient settings. Although over two-thirds of the sample of adults 50 and older experiencing homelessness in the study reported having a regular non-emergency place for routine care, it was not associated with reduced use of the emergency department (Raven et al., 2017).

Older adults and younger adults experiencing homelessness use acute health care services at similar rates, despite differences in having health insurance and a regular health care place or provider.

In Brown's 2010 study of health care utilization by people experiencing homelessness, adults aged 50 and older were more likely to have health insurance, a regular place for health care, and a regular health care provider (e.g., medical doctor, nurse practitioner, or registered nurse) than those under 50. However, both groups had similar rates of acute health care utilization in the prior year, including emergency department visits (43 percent of older adults vs. 49 percent of younger adults) and inpatient hospitalizations (32 percent of older adults vs. 40 percent of younger adults) (Brown et al., 2010). This study showed no significant differences between age groups in the type of visit; most visits were for physical ailments (85 percent for older adults vs. 88 percent for younger adults) as opposed to emotional problems (19.5 percent for both age groups) (Brown et al., 2010).

Behavioral Health Needs

Older adults experiencing homelessness, especially women, are more likely to have mental health conditions than older housed adults.

In studies with samples of older adults experiencing homelessness (Brown et al., 2011; Kaplan et al., 2019), older adults in permanent supportive housing (Henwood et al., 2018), and veterans (Schinka et al., 2012), between 40 percent and 58 percent either screened for or

reported mental health conditions. For example, 56 percent of older adults in permanent supportive housing reported at least two chronic mental health conditions (Henwood et al., 2018). Depression was the most common condition identified; other conditions include schizophrenia and post-traumatic stress disorder. These rates of mental health conditions are higher among older adults experiencing homelessness than older housed adults (which range from 18 percent to 34 percent), measured both by diagnoses and symptomology (Brown et al., 2011; U.S. CDC, 2008).

Some studies find evidence of gender differences in rates of mental health conditions among older adults experiencing homelessness. Compared to older homeless men, older homeless women were two and one-half times more likely to have any chronic mental health condition and more likely to be diagnosed with more mental health conditions (Winetrobe et al., 2017; Dickins et al., 2021).

Findings from the Health and Retirement Study indicate race and ethnic differences in the behavioral health conditions of older adults experiencing homelessness. Compared to their White counterparts, Black and African American older adults experiencing homelessness are significantly more likely to report a history of illicit drug use and less likely to report a history of mental illness or domestic violence than White older adults experiencing homelessness (Chekuri et al., 2016).

Older adults experiencing homelessness also have more substance use disorders than the general population.

Although there are no studies that directly compare older homeless adults to their housed counterparts on substance use, a few studies have compared older homeless adults to population-based samples and to other samples. Studies generally find that a higher percentage of older adults experiencing homelessness report alcohol and/or drug use than population-based samples (e.g., CDC, 2008). In the HOPE HOME cohort of older adults experiencing homelessness, for example, rates of binge drinking were significantly higher in older homeless adults than in three large-scale studies of older adults using population-based samples (30 percent vs. 1 percent, 7 percent, and 3 percent) and a greater percentage of the older adults experiencing homelessness reported moderate or greater severity of alcohol use (26 percent) than housed adults of all ages (5 percent) served in a U.S. Department of Veterans Affairs (VA) primary care clinic (Brown et al., 2019). This sample also had a higher rate of current illicit substance use (63 percent) than a national community-based sample of adults of all ages experiencing homelessness (23 percent) (Spinelli et al., 2017).

"I've dealt with a lot of trauma as well. I lost my best friend that I've known since I was 17 years old due to COVID, so there you go again now. Setback is you start using again, just to numb the pain, you know what I mean?" – Male, 59

Studies to date yield inconsistent findings on the differences in mental health conditions and substance use between older and younger adults experiencing homelessness.

It is unclear whether there are age differences in the prevalence of behavioral health conditions among individuals experiencing homelessness. Whereas some studies have found a higher prevalence of mental health conditions such as anxiety, depression, and post-traumatic stress disorder (Garibaldi et al., 2005; Tompsett et al., 2009) among older adults experiencing homelessness than among their younger counterparts, other studies have found either no significant differences in the rates of these conditions (DeMallie et al., 1997; Gelberg et al., 1990) or the opposite finding (Gordon et al., 2012).

Similarly, the limited studies that contrast rates of substance use between older and younger adults experiencing homelessness yield mixed findings. Some studies suggest that, among people experiencing homelessness, younger adults are more likely to use drugs than older adults while older adults may be more likely to use alcohol (DeMallie et al., 1997; Gordon et al., 2012). Yet other studies fail to find such differences (Hecht & Coyle, 2001; Gelberg et al., 1990) or find that there is a lower prevalence of substance use disorders for older versus younger adults experiencing homelessness (Burt et al., 1999; Dietz et al., 2009).

Preliminary evidence suggests older adults who first experienced homelessness earlier in life are more likely to have behavioral health conditions than those who first experienced homelessness after age 50.

In the only study to compare differences between newly and chronically homeless older adults, Brown and colleagues (2016) found that participant characteristics and life course experiences differed by age at first homelessness. Compared to individuals whose first homelessness occurred at age 50 or older, individuals with first homelessness before age 50 showed a greater prevalence of behavioral health disorders at different stages in life. For example, this group had higher rates of drug use in childhood and mental health problems in young and middle adulthood, as well as a higher prevalence of current mental health issues, including depressive symptoms and post-traumatic stress disorder, and drug use, and higher rates of hospitalizations for mental health problems in adulthood (Brown et al., 2016).

"I mean, I'm going to be 60 years old. It's getting cold out and... I'm not settled carrying a backpack around every freaking day. It's like my back is starting to bother me. I got health issues. I only got one kidney that's functioning 40% because I had cancer a little over a year ago. That's the second time I had cancer in 6 years. So, it's like, you know what? I need to be settled down in a place." – Male, 59

Individuals who had experienced homelessness as older adults reported high rates of physical and behavioral health problems, echoing findings from the literature.

All of the older individuals with lived experience of homelessness with whom we spoke discussed suffering from physical and behavioral health problems, including diabetes, HIV, traumatic brain injury, glaucoma, arthritis, bipolar disorder, post-traumatic stress disorder, and substance use disorder. A few people also reported having experienced strokes or cancer in the past. Many of the interviewees, including all of those who were homeless at the time of our

interview, reported physical pain and mobility issues, often attributed to being unsheltered. For example, one individual reported they had lost several toes due to frostbite contracted while being outside in bad weather.

Basic Needs

Older adults experiencing homelessness have high rates of food insecurity.

Food insecurity coupled with insufficient nourishment complicates chronic disease management and presents a major challenge for older homeless adults who have a high prevalence of chronic disease and limited mobility (Brown et al., 2011; Patanwala et al., 2018). Food insufficiency among older adults is associated with significantly greater odds of hospitalization for any reason, psychiatric hospitalization, and high emergency department utilization (Baggett et al., 2011). Individuals who are food insecure -- having limited access to adequate food due to lack of resources -- have poorer health and are more likely to consume foods deficient in nutrients (Robaina & Martin, 2013). Also, severely cost-burdened older adults who are in the bottom income quartile reduce their spending on food by 30 percent more than those who are not cost-burdened (National Association of Area Agencies on Aging [n4a], n.d. b). Among participants in the HOPE HOME study, over half reported food insecurity, with one-third reporting low food security and one-quarter reporting very low food security (Tong et al., 2018), consistent with food insecurity estimates among other homeless populations (e.g., Parpouchi et al., 2016) and nearly two times higher than national estimates among the United States population living in poverty (Coleman-Jensen et al., 2016).

Lack of transportation poses a significant barrier for older adults experiencing homelessness.

Adults experiencing homelessness commonly indicate their most used modes of transportation include public transit and walking (Chan et al., 2014; North et al., 2017; Murphy, 2019), which are more difficult for older individuals with mobility challenges. Lack of transportation has been cited as a barrier for adults experiencing homelessness, as it reduces access to shelter and housing, medical and behavioral health care, social engagement, food, and other supportive services (Greysen et al., 2012; Hui & Habib, 2014, 2017; Niño, Loya, & Cuevas, 2009; Murphy, 2019; Turnbull, Muckle, & Masters, 2007). Among studies of older adults experiencing homelessness, mobility challenges (i.e., difficulty walking without help) and challenges with instrumental ADLs such as using public transportation are common (Henwood et al., 2018). Thus, it is reasonable to conclude that older adults experiencing homelessness face transportation barriers even beyond those of younger adults experiencing homelessness. However, there is little available research focused on transportation issues specifically among older adults experiencing homelessness.

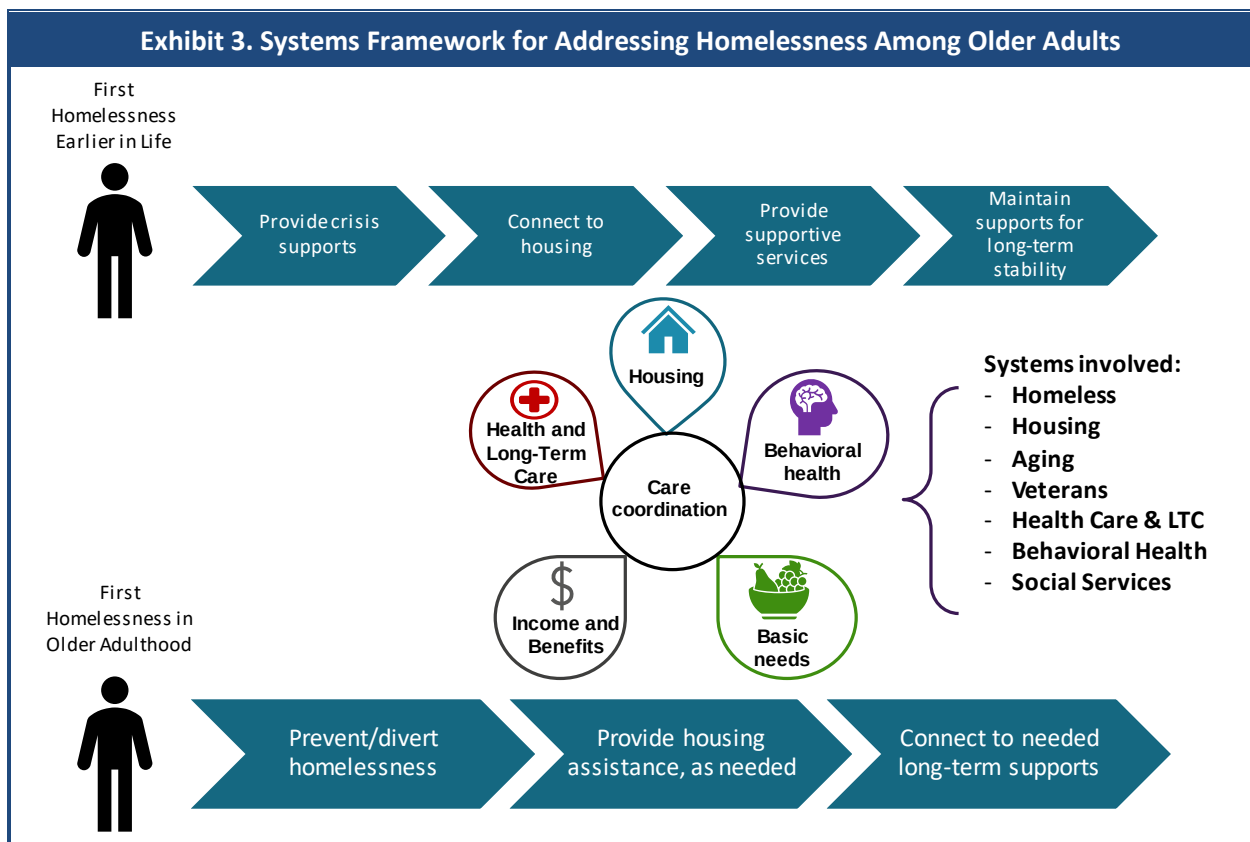
Older adults experiencing homelessness, including those who are newly placed into housing, experience loss of community.

Many of the experts and providers with whom we spoke noted that mobility limitations, frequent address changes, receipt of housing assistance in a new neighborhood, and the death of family and friends contribute to formerly homeless older adults having limited social networks. Multiple interviewees noted that social and physical isolation among this population can contribute to further cognitive and physical declines. One housing provider noted that

formerly homeless older residents in her organization's properties often struggle to identify someone who can serve as their medical power of attorney following years of social isolation.

Section 3. Systems and Services Available to Serve Older Adults at Risk of or Experiencing Homelessness

Exhibit 3 presents a conceptual systems framework for understanding the different services needed by older adults experiencing homelessness and the service delivery systems that may offer these services. The framework highlights the two subgroups of older adults experiencing homelessness identified through recent studies and the pathways of services, housing, and support likely needed to become stably housed. These two subgroups provide a rubric for understanding the types of assistance older adults experiencing homelessness need, but within the broader acknowledgement that each person has their own unique history and needs.



Older individuals who repeatedly experience homelessness often require extensive outreach and emergency shelter before obtaining housing and supports. To achieve long-term stability, many require ongoing case management to help link them to needed health and behavioral health care, income supports, and other services. In contrast, older adults who have not previously experienced homelessness, but have experienced adverse events that threaten their housing stability, tend to need lighter touch or prevention-focused services to regain housing stability. Critical services for this population are those that help identify them before they become homeless so that they may be prevented or diverted from homelessness through various systems' efforts to connect them to income supports, medical insurance, rental and utility assistance, nutrition assistance, and transportation assistance. For those who need

additional housing assistance, shallow subsidies (limited rental assistance for a longer period of time) or temporary subsidies and connections to needed supports may be sufficient to help them get back on their feet (Goldberg et al., 2016; Sermons & Henry, 2010).

We reviewed available information across the systems and sectors shown above for each of the areas of needs older adults at risk of or experiencing homelessness have (e.g., housing, health and long-term care, behavioral health, income and benefits, basic needs). We identified the services, housing, and supports available to low-income older adults and those experiencing homelessness specifically. We paid particular attention to innovations implemented during the COVID-19 pandemic that might be continued or expanded to better serve vulnerable older adults, especially those who experience homelessness. Where documented in the literature, we discuss the challenges service providers and recipients encounter in providing or receiving assistance. Finally, we identify the gaps in services and supports in serving older adults experiencing homelessness.

In this section, we describe the full range of services, housing, and supports available for adults at risk of or experiencing homelessness available across communities. Not all communities have all these types of assistance and those that do may have insufficient capacity to meet the need. In addition, not all are tailored to older adults. We indicate those services that are specifically targeted to older adults or other activities in place to help older adults access or use the service.

HOMELESSNESS ASSISTANCE

Homelessness assistance programs are available for older adults who are at risk of or experiencing homelessness in communities across the country. HUD is the primary funder of homelessness assistance, which is administered locally through Continuums of Care (CoCs). Many communities also receive state, local, and private funding for homelessness programs. This assistance includes:

- Homelessness prevention.
- Identification, engagement, and assessment of people experiencing homelessness such as outreach programs, drop-in centers, and coordinated entry systems.
- Crisis or interim housing assistance.

Homelessness Prevention

Services available for older adults at risk of becoming homeless that stabilize their housing situation include energy assistance, home repair programs, and eviction prevention resources. Local government agencies or non-profit organizations typically administer these programs and make them available to all low-income households, not specifically elderly households.

Energy assistance programs help with home energy bills, energy crises, weatherization, and energy-related minor home repairs. These assistance programs are provided through a range of federal, state, and local funding sources including the U.S. Department of Health and Human

Services (HHS) Low-Income Home Energy Assistance Program (LIHEAP) and the Low Income Household Water Assistance Program, and the U.S. Department of Energy's Weatherization Assistance Program.

Home modification and repair assistance programs help older adults address health and safety hazards in and improve accessibility of their homes to reduce the risk of falls and accidents. The USDA's Section 504 Home Repair program and local Area Agencies on Aging offer such programs. Each program has its own eligibility criteria and application process.

Eviction prevention resources are available for older adults at risk of homelessness. Prior to the COVID-19 pandemic, this assistance typically included financial assistance for 1-2 months' rent and was available through a range of federal, state, and local public and private sources, including faith-based and non-profit organizations. In response to the financial crisis caused by the COVID-19 pandemic, the U.S. Department of the Treasury's (USDT's) Emergency Rental Assistance (ERA) Program provided up to 18 months of rental and utility assistance both for arrears and prospective payments (USDT, n.d.).³ Eligibility for eviction prevention through this program was limited to renters with household incomes below 80 percent of the area median income who experienced COVID-related financial hardship and could demonstrate a risk of homelessness or housing instability.

Profile of Prevention Services for Older Adults

In New Mexico and Arizona, the Native American Disability Law Center, a non-profit organization that advocates for the legal rights of Native Americans with disabilities, creates accounts for their clients in an online benefits application portal, including setting up email addresses for those who do not have them. This process helps individuals apply for and track LIHEAP funds, as well as other public benefits.

The Home Safe Program in California was established in 2018 to support the safety and housing stability of individuals involved with Adult Protective Services by providing housing-related assistance using evidence-based practices for homeless assistance and prevention. Home Safe offers a range of strategies to prevent homelessness, including housing-related intensive case management, short-term housing-related financial assistance, deep cleaning to maintain safe housing, eviction prevention, and landlord mediation (Benioff Homelessness & Housing Initiative, 2021).

³ Two separate ERA programs were established: ERA1 provides up to \$25 billion under the Consolidated Appropriations Act, 2021, which was enacted on December 27, 2020, and ERA2 provides up to \$21.55 billion under the American Rescue Plan Act of 2021, which was enacted on March 11, 2021. ERA1 ended in September 2022. ERA2 is set to expire in September 2025.

Identification, Engagement, and Assessment Programs

Homelessness assistance programs focused on identifying people experiencing homelessness and engaging them in services include street outreach teams, mobile vans, and drop-in centers, among others. Most outreach and engagement programs are not limited to older adults; however, some programs across the country specifically target older adults.

Profile of Outreach Services for Older Adults

Hearth, Inc. in Boston, Massachusetts, funded through both public and private sources, provides outreach to individuals aged 50 years and older who are at risk of or experiencing homelessness. A team of six case managers, supervised by a licensed social worker, visits homeless shelters weekly to identify older adults needing permanent housing. Outreach workers help these older adults apply for, locate, and move into subsidized housing and connect to other necessary services and assistance. The program also employs an “at risk” case manager who works with older adults who are at risk of homelessness, referred through day shelters, medical providers, elder services, and visiting nurse association agencies, among other sources. When at risk elders are identified and enrolled in the program, the case manager helps to stabilize housing by accessing services including tenant counseling, landlord mediation, money management, and eviction prevention (Brown et al., 2013).

Crisis/Interim Housing Programs

Crisis or interim housing⁴ is short-term assistance designed to address an immediate housing crisis. Assistance includes emergency shelter, motel vouchers, and transitional housing. According to the 2018 Annual Report to the Annual Homeless Assessment Report, approximately, more than 16 percent of people living in sheltered homeless situations were over the age of 55 (HUD, 2020), and the rate is increasing. Limited crisis or interim housing programs are in place specifically for older adults experiencing homelessness.

Profile of Crisis or Interim Housing for Older Adults

One noteworthy program is the Serving Seniors’ Transitional Housing Program in San Diego, California, which provides transitional housing and supportive services for 90-120 days to adults aged 62 and older experiencing homelessness. The program tailors its shelter facilities and services to the specific needs of older adults, including having facilities accessible to people with mobility challenges and case management focused on the unique needs of older adults.

⁴ The terms crisis and interim housing are typically used interchangeably to denote temporary housing situations people experiencing homelessness may live while looking for permanent housing. In contrast to emergency shelter and motel vouchers, transitional housing often includes more supportive services and allows longer stays, often up to 24 months.

Challenges with Homelessness Assistance for Older Adults Experiencing Homelessness

Older adults experiencing homelessness may face unique challenges in accessing available homelessness assistance. In discussions, both experts and providers noted that many older adults at risk of homelessness do not reach out for assistance until it is too late because they do not know where to go for help or they are too proud to ask for it. This is particularly true for those experiencing homelessness for the first time who may lack knowledge about the services available in their communities or about their eligibility for assistance. For example, many older renters, particularly those not working prior to the pandemic, may not know they are eligible for eviction prevention through the ERA Program (Prunhuber, 2021). Providers also report that older adults who experience homelessness are sometimes difficult to engage in services due to their belief that participation might result in being “put in a home,” losing their independence or having their money taken from them (Corporation for Supportive Housing [CSH], 2011). Finally, age-related hearing and vision loss may contribute to heightened anxiety and lack of trust.

Those who do know about homelessness assistance may have a hard time accessing it because of poor health or limited mobility (CSH, 2011; SeniorNavigator, n.d.), or they may lack access to technology to complete online applications (NCOA, 2022). Accessibility challenges and difficulty performing ADLs also may make using some assistance, such as emergency shelters, more difficult (Goldberg et al., 2016).

Equipment such as hearing aids and glasses are at risk of being broken or lost in both unsheltered environments and shelters (Kushel, 2012). Shelters closed during the day pose challenges for older adults who need a safe location to rest (SeniorNavigator, n.d.). Features of some shelter environments, such as bunk beds and shared bathing facilities, may be difficult for older adults who have medical conditions and may increase their risk of falls and injury (Goldberg et al., 2016). Walking long distances or waiting in long lines for food and other services can limit access for people with mobility issues (National Coalition for the Homeless, 2009). Finally, limited assistance, such as one-time prevention resources or time-limited rental assistance, may be insufficient to meet the needs of older adults on limited, fixed incomes who also have declining health.

“I broke my glasses, because I kept taking them off and sleeping with them on the street. I had them cobbled together with tape, which never quite fixed them. Eventually, I was given a pair of hand-me-down glasses [by a case manager] that were not my prescription, but it was better than nothing.” – Female, 51

Expanded Services During the COVID-19 Pandemic

During the COVID-19 pandemic, numerous federal, state, and local agencies provided additional assistance to people experiencing homelessness to access shelter, housing, and needed services. The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided additional funding for states through existing federal programs, including \$45 billion for the Federal Emergency Management Agency Disaster Relief Fund, \$4 billion for Emergency Solutions

Grants, and \$5 billion for 11 Community Development Block Grants. Communities could use these funds to secure, rehabilitate, and maintain sites for non-congregate shelters such as dorms, motels, and hotels. In discussions, experts and providers noted that efforts such as California’s Project Roomkey to move older adults experiencing homelessness out of congregate shelters and off of the streets into motel rooms were practical and compassionate approaches. These approaches not only provided people with a safe, stable place to stay but also made it easier for case managers to locate and regularly connect with them.

HOUSING PROGRAMS AND RESIDENTIAL LONG-TERM CARE OPTIONS

Housing assistance programs range from those that provide time-limited assistance to permanent subsidized options with and without supportive services. **Exhibit 4** outlines the types of housing options available. As noted, however, not all options are available in all communities or in the quantity needed. Each housing option is described in more detail below.

Based on their examination of the shelter, hospital, and nursing home use by older adults experiencing homelessness, Culhane and colleagues (2019) argue that the majority of older adults experiencing homelessness have moderate needs that could be met by rapid re-housing, shallow rental subsidies, and rental vouchers with light case management. Older adults who enter homelessness at a later age and have fewer service needs may require more of a “light touch” approach. Service-intensive assistance, such as permanent supportive housing and additional supports like palliative care and long-term care (such as personal care to assist with ADLs), should be reserved for those homeless older adults with the greatest needs (Culhane et al., 2019). Older adults who have experienced chronic or repeated homelessness are more likely to fit within this category of higher need.

Exhibit 4. Types of Housing Assistance Available for Older Adults Experiencing Homelessness	
Type of Assistance	Description
Rapid re-housing	Time-limited rental assistance, coupled with housing navigation and case management
Permanent supportive housing	Non-time-limited rental assistance with voluntary supportive services
Subsidized permanent housing	Non-time-limited rental assistance for use in a range of settings, from scattered single-family houses and apartments to high-rise apartments for elderly households
Low-income tax credit properties	Properties with certain percentages of units set aside for low-income households at reduced rents

Rapid Re-housing Programs

Rapid re-housing, a Housing First⁵ approach, provides access to permanent housing through time-limited rental assistance along with housing navigation to locate and secure an available unit, relocation services, and case management (HUD Exchange, n.d.). First developed on a federal level in 2009 through HUD's Homelessness Prevention and Rapid Re-housing Program funded under the American Recovery and Revitalization Act, rapid re-housing has continued to expand through federal investments, including investments from HUD, VA, HHS, and the U.S. Department of Labor (DoL). A variety of non-federal investments, including general revenue funds, and state funding (e.g., federal block grant funds, state housing trust funds) have increasingly been provided for rapid re-housing programs (Dunton & Brown, 2019).

Most rapid re-housing programs target families or individuals meeting specific eligibility criteria, such as the Veterans Affairs Supportive Housing program that serves veterans. Although households served through these programs may include older adults, none are specifically targeted to older adults (Gubits et al., 2018). According to HUD guidelines, rapid re-housing is an effective intervention for different types of households experiencing homelessness, including those with no income, those with disabilities, and those with poor rental history (HUD Exchange, n.d.). Poor candidates for the intervention, per HUD guidelines, include those experiencing chronic homelessness and in need of permanent supportive housing, and those who are seeking a therapeutic residential environment, including those recovering from substance use disorders (HUD Exchange, n.d.). Additionally, individuals who are on fixed incomes and unlikely to increase their income over time (including older adults) may be poor candidates for the intervention as the housing assistance is time-limited.

Permanent Supportive Housing

Permanent supportive housing is a non-time-limited intervention that combines rental assistance with voluntary supportive services for people experiencing chronic homelessness (National Alliance to End Homelessness [NAEH], 2021). Eligibility requirements for HUD-funded permanent supportive housing include one year or more of documented chronic homelessness,⁶ a documented disabling condition (e.g., chronic mental health conditions, chronic health conditions, and substance use disorders), limited income earning potential, and a need for intensive case management. Permanent supportive housing programs can be "site-based" (in an apartment building with multiple units) or "scattered-site" (with units spread throughout a community).

Permanent supportive housing is an effective solution to homelessness for older adults (Chung et al., 2018; Henwood et al., 2014; Lipton et al., 2000; Tsemberis et al., 2004), including those with mental health and substance use disorders (Kushel, 2020; Perl & Bagalman, 2015).

⁵ Housing First indicates individuals move into permanent housing directly from homelessness rather than spending a period of time in temporary, service-rich interventions, such as transitional housing, before entering housing.

⁶ Chronic homelessness includes one year of consecutive homelessness or four or more episodes of homelessness within the last three years that accumulate to at least one year.

Investments in permanent supportive housing have helped decrease the number of chronically homeless individuals of all ages by 8 percent since 2007 (NAEH, 2021). In addition, through the use of permanent supportive housing the VA has seen reductions in chronically homeless veterans, the majority of whom are over the age of 51 (U.S. Interagency Council on Homelessness, 2018).

Permanent supportive housing is also cost-effective for people with complex health and social needs (Culhane et al., 2002; Metraux et al., 2003). For example, a study by Bamberger and Dobbins (2015) found that many formerly homeless older adults who were placed in nursing homes could be housed successfully in permanent supportive housing at lower cost and with more independence. Studies of permanent supportive housing serving all populations of adults document decreases in emergency room visits (Martinez & Burt, 2006), use of emergency detoxification services (Larimer et al., 2009), and incarcerations (Larimer et al., 2009), as well as increases in housing stability (Barrow et al., 2004).

Few studies examine outcomes of permanent supportive housing specifically for older adults. The few that are available compare older and younger adults experiencing homelessness. One study found that older adults in permanent supportive housing spent fewer days homeless, had less involvement with the justice system, and spent more time in independent/single-

"I think now the best thing that ever happened to me, for me to have my own house, to have a key. I can lay my head down and I don't have to fear no one coming in, or being hurt, or anything like that." – Male, 59

room occupancy and congregate/residential settings compared to younger adults in permanent supportive housing (Henwood et al., 2014). Evidence on other outcomes of permanent supportive housing for people experiencing homelessness, including severity of mental health conditions, quality-of-life, substance use, and hospital admissions, is mixed (Aubry et al., 2020).

A number of permanent supportive housing programs across the country are tailored for older adults who have experienced homelessness.

Profile of Permanent Supportive Housing for Older Adults

In Los Angeles, the Southern California Clinical and Translational Science Institute is pilot testing the integration of the Community Aging in Place--Advancing Better Living for Elders (CAPABLE) program with permanent supportive housing for older adults who have experienced homelessness. CAPABLE is a short-term program that provides home-based services, such as visiting occupational therapists, nurses, and handypersons to older adults so that they can age in place. The Los Angeles pilot program provides CAPABLE services to formerly homeless older adults who are 50 years or older, live in permanent supportive housing, and experience difficulties with ADLs.

Other Community-Based Housing Options for Older Adults

Housing for older adults is available through local housing providers and public housing agencies in the form of permanent subsidies (e.g., Section 8 Housing Choice Vouchers and Section 202 Supportive Housing for the Elderly vouchers), and low-income tax credit properties. Although these housing options are available to individuals who are at risk of or experiencing homelessness, eligibility for these options is open to a broader population of low-income older adults.

Subsidized Permanent Housing involves rental assistance programs that help low-income individuals afford housing in the private market. Low-income older adults may qualify for long-term housing assistance through public housing agencies that administer housing assistance programs and often develop and maintain affordable housing properties. The Housing Act of 1937 first established publicly supported housing to provide decent and safe rental housing for eligible low-income families, elderly persons, and persons with disabilities (HUD, n.d. a). Publicly supported housing includes a range of types, from scattered single-family houses and apartments to high-rise apartments for elderly households.

Two of the largest subsidized housing programs for older adults are the Supportive Housing for the Elderly (Section 202) and the Housing Choice Voucher (Section 8) programs. Section 202 provides rental assistance and supportive services to low-income households with net incomes of less than 50 percent of the area median income (or less than 30 percent in some properties) that include at least one member who is 62 years or older (HUD, n.d. b). Section 202 properties, operated by private and non-profit housing providers, are designed to accommodate individuals who need some assistance with ADLs by including grab bars and ramps in the apartments. Care and supportive services, such as meals, housecleaning, and transportation, are also typically available at these residences (HUD, n.d. b). The Section 202 program serves approximately 400,000 households annually (Couch, 2021); residents are, on average, 79 years old with an average income of less than \$10,000. Ninety percent of residents are single women (Novak, 2018).

Housing Choice Vouchers, formerly referred to as Section 8, can be used in privately owned and managed properties (i.e., project-based vouchers) or in private units that residents select themselves (HUD, n.d.). These vouchers are available to households whose total annual income does not exceed 50 percent of the area median income.⁷ Eligibility for Housing Choice Vouchers is limited to U.S. citizens and non-citizens with eligible immigration status. Housing Choice Vouchers are not limited to seniors; however, as of 2016, half (51 percent) were elderly or disabled (Sard, 2018).

Low Income Tax Credit Properties provide another opportunity for affordable housing for older adults. The Low-Income Housing Tax Credit (LIHTC) program, created by the Tax Reform Act of 1986, provides tax credits for the acquisition, rehabilitation, or new construction of rental

⁷ A public housing agency is required to provide 75 percent of its vouchers to applicants whose incomes do not exceed 30 percent of the area median income.

housing. LIHTC units are not limited to low-income households; however, 20 percent of units in LIHTC properties must be rented to households with incomes less than 50 percent of the area median income or 40 percent of units must be rented to households with incomes less than 60 percent of the area median income. According to HUD data on LIHTC tenant data, more than a third of households (33.8 percent) in LIHTC properties include at least one resident aged 62 or older (HUD User, 2019).

Long-Term Care Options for Individuals with High Needs

Exhibit 5 outlines the types of residential long-term care available for individuals needing a high level of care. These options are primarily for individuals with debilitating health issues or serious conditions that require frequent medical supervision and round-the-clock care.

Exhibit 5. Types of Residential Long-Term Care Available for Older Adults Experiencing Homelessness	
Type of Assistance	Description
Residential care	A range of congregate care settings that typically include housing, medical management, supportive services, and social activities
Institutional long-term care	Institutions such as nursing homes for individuals who can no longer live independently and need a significant amount of supervised care with meals, assistance with ADLs, and health management

Residential Care settings provide both housing and on-site supportive services for individuals who need some assistance with ADLs or some amount of supervision because of cognitive impairments. These residential care settings may provide housing, medical management, support services, social activities, and, in some cases, assistance with ADLs. Residential care settings are licensed at the state level. States and localities use over 30 terms to refer to group housing for older adults, and licensure requirements vary. Depending on the state terminology, size, and services offered these residential care settings can go by a number of names including Board and Care Homes, Adult Care Facilities, Residential Care Facilities, and Assisted Living Facilities (Lewin Group, 2011; n4a, n.d. a).

In some places, residential care homes provide room, board, and services but are not licensed by the state. Some operate legally, whereas others are operating illegally, raising concerns about the quality of such places. These homes often serve vulnerable individuals with limited financial resources.

In addition to residential care facilities, **Adult Foster Care Homes** provide room, board, and in-home supports offered in a home-like environment with shared living and dining areas. Most states limit the size of adult foster care homes to no more than five residents. The majority of costs associated with adult foster care are private pay, though some states offer limited support through their Medicaid State Plans.

The monthly costs of these residential care settings are far lower than nursing homes, but most of these residential care facilities are private pay. Financial assistance from Medicaid for supportive services within residential care settings can be covered through several different Medicaid authorities. The most common services are Medicaid Home and Community-Based Services (HCBS) 1915(c) Waivers and through the Medicaid State Plan Personal Care or Personal Assistance Services. In recent years, states have also started using Medicaid managed care to provide long-term services and supports.

However, Medicaid does not cover the housing portion of the cost of such residential care, and therefore cannot cover “room and board”. Some states have enacted policies to make such settings more available to lower-income residents. For example, some states limit the maximum amount that can be charged for housing or provide non-Medicaid assistance to Medicaid-eligible persons (e.g., a resident may spend their SSI income on the room and board and Medicaid covers the services or the state may provide a state-funded housing supplement). Finally, many states provide non-Medicaid state assistance to help older adults with low incomes afford assisted living. Veterans may qualify for assistance paying for congregate living through the VA’s Aid and Attendance or Housebound programs. In addition, Section 202 subsidies and other funding for housing can cover some of the housing costs for residents in certain facilities.

Institutional Long-Term Care is available for individuals who can no longer live independently and need a significant amount of assistance with ADLs. Nursing homes provide the most comprehensive package of services and are available to individuals who need 24-hour supervised care with meals, activities, and health management. A physician supervises each resident’s care, and a medical professional is almost always present. Like assisted living, costs vary depending on the level of care provided. Costs are extremely high, reaching an average of \$8,000 per month. Medicaid will pay 100 percent of the cost of nursing home care for beneficiaries.

Challenges with Housing Assistance for Older Adults Experiencing Homelessness

Perhaps the most significant challenge with housing assistance for older adults experiencing homelessness is that there is not enough housing available to meet the growing need among low-income older adults. The lack of affordable housing coupled with increases in the numbers of older adults eligible for housing assistance creates challenges in finding and maintaining housing for those experiencing homelessness. Only 37 affordable and available homes exist for every 100 extremely low-income renters in the United States (those with incomes less than 30 percent of the area median income), nearly a third of whom (30 percent) are seniors (Aurand et al., 2021). The number of low-income older adults who are eligible for rental assistance but do not receive it also has increased more than 5 percent between 2017 and 2018 (PAHRC, 2020). Although over time more older adults are living in publicly supported housing (increasing 2.9 percent between 2018 and 2019), the amount of affordable housing available is not keeping pace with demand. Adults living in the housing are aging, more older adults are entering public housing for the first time, and seniors living in publicly supported housing are staying longer, averaging 12.3 years in 2017, an increase of 5 percent since 2013. Yet the share of eligible

seniors who receive housing assistance declined from 41 percent to 40 percent from 2017 to 2018 (PAHRC, 2020).

New funding for the Housing Choice Voucher program has been largely unchanged since 1983, and most appropriations maintain existing operations (Couch, 2020). With respect to Section 202 units, the supply is not sufficient to meet the growing number of adults who qualify, a challenge further exacerbated by low vacancy rates (Kochera, 2006) and having many facilities in need of repair (Libson, 2005). Long wait times for eligible older adults often result from these challenges. As an example, the length of time senior households spent on waitlist for public housing and Housing Choice Voucher increased by 18 percent between 2016 and 2017, from 22.9 months to 27 months (PAHRC, 2020).

“As far as getting housing and stuff, I really don't have communication with the housing people. They just tell me I'm still pending or waiting for a place.” – Female, 60

As housing providers noted, lacking necessary vital documents such as a birth certificate or Social Security card, which can be lost through encampment sweeps or while staying on the street, can be a common barrier for older adults to receiving housing assistance. In addition, people experiencing homelessness are often unaware of their eligibility for housing assistance. The people with lived experience with whom we spoke were unaware of whether they qualified for housing assistance or reported long waitlists to get it. Others mentioned discrimination by landlords who did not want to rent to them because they experienced homelessness.

“A lot of [landlords] don't want to house homeless people because of the baggage that comes with homeless people.” – Male, 62

Expanded Services During the COVID-19 Pandemic

The CARES Act included a moratorium on tenant evictions from rental properties that receive federal funding or have Federal Government-backed mortgages from March 2020 until July 2020. The Centers for Disease Control and Prevention (CDC) announced an additional eviction moratorium on September 1, 2020, that was extended multiple times and ended in August 2021. In addition, some states, localities, territories, and Tribal areas, continue to implement statewide and/or local and county eviction moratoriums.

CARES Act funding also allowed communities to provide supportive housing services and more medium and long-term housing assistance, such as rental assistance and housing navigation services. Moreover, HUD granted waivers to all communities to help prevent the spread of COVID-19 and mitigate the pandemic's economic impacts; these waivers included a suspension of time limits on temporary assistance programs, such as rapid re-housing, and a series that facilitate access to public housing. Waivers pertained to income verifications, review of citizenship and Social Security numbers, and proof of family composition for public housing tenants and inspections that were not possible or, in some instances, safe during the pandemic.

HEALTH CARE, LONG-TERM CARE, AND BEHAVIORAL HEALTH SERVICES

Physical and behavioral health services play a critical role in the lives of many older adults experiencing homelessness due to the elevated incidence of health problems they experience relative to their housed counterparts (Cohen, 1999; Gelberg et al., 1990; HPRI, 2019; Brown et al., 2016). For many older adults at risk of homelessness, health expenses contribute to their becoming homeless (Bielenberg et al., 2020; Center for Housing Policy, 2015). The high cost of health care and long-term services and supports lead to extended periods of poverty for more than two-thirds of older adults aged 65 and older (Johnson & Favreault, 2021).

Medicare and Medicaid

Health care, long-term care, and behavioral health services, including prescription medications, are available for older adults at risk of or experiencing homelessness through a variety of federal and state-funded mechanisms including Medicare, Medicaid, and VA benefits (for eligible veterans) among others. Benefits provided by each of these programs as well as the eligibility requirements vary within programs and across states. Medicare and Medicaid serve as the primary source of health insurance for older adults experiencing homelessness.

Medicare is a federally-funded health insurance program that helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

Beneficiaries can receive Medicare benefits through Medicare fee-for-service (FFS) (“traditional” Medicare) or Medicare Advantage plans. Medicare Advantage Plans are offered by private companies approved by Medicare. A key limitation of Medicare for older adults experiencing homelessness is its eligibility criteria. Medicare is limited to individuals aged 65 and older who have a work history or as an entitlement benefit to younger people receiving Social Security disability benefits for at least two years or with end stage renal disease.

Medicare-eligible individuals with low-incomes (i.e., in 2022, less than \$1,153 per month for an individual and resources limited to \$8,400, which would likely apply to a large majority of older adults experiencing homelessness) can receive additional coverage through the Qualified Medicare Beneficiary program (i.e., Medicare Savings Programs) (Medicare.gov, n.d.). The program provides financial assistance with part A premiums (hospital insurance), Part B (medical insurance) premiums, as well as with deductibles, coinsurance, and copayments for all individuals who meet the eligibility criteria.

Medicare typically provides full or partial coverage for services from doctors and other health care providers; outpatient care; preventive services such as screenings, vaccinations, and wellness visits; inpatient care in hospitals, skilled nursing facilities, and hospice care; and home health care, as well as for prescription drugs and some medical equipment such as wheelchairs and walkers. Medicare provides limited vision, hearing, and dental coverage for older adults.

In addition to physical health services, Medicare provides coverage for behavioral health services including depression screenings, diagnostic tests, individual and group psychotherapy,

psychiatric evaluation, medication management, hospitalizations, and treatment of substance use disorders in both inpatient and outpatient settings.

Medicare is available to a wide range of older adults, but some Medicare Advantage special needs plans (SNPs), which are designed to provide targeted care and limit enrollment to defined groups of Medicare beneficiaries, are beginning to focus specifically on people experiencing homelessness. For instance, LA Care, a health plan based in Los Angeles, has partnered with SNP Alliance, Massachusetts General Hospital, and other academic, professional, and non-profit health care organizations to come up with a homelessness-focused Medicare Advantage SNP (Jain et al., 2020).

Medicaid provides health insurance for low-income Americans, including families with children, elderly people, and people with medically certified disabilities. Older adults ages 50-64 who are not yet eligible for Medicare but do meet income eligibility (133 percent of the federal poverty line) are also eligible for Medicaid in the 38 states and the District of Columbia that broadened their eligibility under the Affordable Care Act. However, in the 12 states that as of January 2021 have not expanded coverage under the Affordable Care Act, receipt of Medicaid by adults without children is rare (Garfield & Orgera, 2021). As of 2019, 10.5 percent of all adults ages 50-64 nationally were uninsured, for which the primary reason reported was that insurance was not affordable (Cha & Cohen, 2020).

Like Medicare, Medicaid typically provides full or partial coverage for a wide range of health services, including medical appointments, hospitalizations, preventive services, outpatient care, medications, and medical equipment as well as limited vision, hearing, and dental coverage. Medicaid coverage of behavioral health services, in contrast to Medicare coverage, varies greatly across states. All states provide some mandatory services for all Medicaid clients such as medically necessary inpatient hospital services, outpatient services, and institutional long-term care; however, Medicaid coverage for adults 65 and older varies by state for services such as detoxification, prescribed medications, targeted case management, rehabilitation services, therapies, medication management, clinic services, licensed clinical social work services, peer supports, and hospital stays.

State Medicaid programs can cover HCBS for individuals with disabilities and older adults with functional impairments (Costello, 2021). These services can include assistance with personal care, care coordination, and non-medical transportation. In addition, states can elect to cover housing-related services and supports, such as pre-tenancy services, home accessibility modifications, and transition services (Costello, 2021).

For individuals who are eligible for both programs, referred to as “duals”, Medicaid provides assistance for Medicare premiums as well as other services not typically covered by Medicare. As duals are a diverse population with extensive and complex needs, the Centers for Medicare & Medicaid Services (CMS) has developed the Financial Alignment Initiative in an effort to work with states to improve the coordination of all Medicare and Medicaid covered benefits and enhance the care provided to dually eligible beneficiaries. As of January 2020, 11 states are participating in this initiative (CMS, 2022).

Increasingly, to meet the needs of individuals with complex medical needs such as older adults experiencing homelessness, providers and funders are offering coordinated care models that integrate primary care, behavioral health services, and social services through a single program. For example, PACE is a Medicare program, available as a state Medicaid option, that provides comprehensive medical and social services to certain frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid (Medicaid.gov, n.d.). In several communities, this model is being implemented in partnership with housing providers and targeted specifically to older adults experiencing homelessness.

Profile of Coordinated Care Models for Older Adults

St. Paul's PACE program in San Diego, California, provides a coordinated model of care to formerly homeless older adults aged 55 years or older who are dually eligible for Medicare and Medicaid. In partnership with local housing developers, older adults are provided subsidized housing with wrap-around supportive services, including primary and specialty health services, medication assistance, mental health services, occupational therapy, dentistry, as well as meals and nutrition counseling, social activities, social services, and transportation assistance. This program reports reduced hospital use among older adults and lower rates of hospital readmissions and potentially avoidable hospitalizations, such as for congestive heart failure and asthma (Meret-Hanke, 2011; Segelman et al., 2014).

Veterans Affairs Health Care

Some older adults at risk of or experiencing homelessness may also be eligible for health care through the Veterans Health Administration (VHA). Eligibility includes having served prior to September 7, 1980; having served after September 7, 1980, and served for 24 months or the full period of active duty; having been discharged for a disability that was caused or made worse by active-duty service; and having been discharged for a hardship.⁸ Of the 8.7 million veterans enrolled in health care through the VHA in 2021, 30 percent (2.6 million) were between ages 45 and 64, and 49 percent (4.2 million) were over age 65 (Wang et al., 2021; Vespa, 2020). According to HUD, 55 percent of the veterans experiencing sheltered homelessness in 2021 were aged 55 or older (HUD, 2023).

VHA benefits typically offer coverage for services and medications comparable to Medicare and Medicaid; however, VHA health care benefits are not the same for all participants and are subject to change based on funding availability. Participants are assigned to different priority levels according to various factors, such as income and whether they have any medical condition that derives from their military service. If federal funding for VHA health care drops or does not keep pace with costs, individuals in the lower priority groups may lose VHA coverage.

⁸ A hardship discharge is a mechanism through which active members of the military can be released from duty due to hardship such as the death or permanent disability to the member's immediate family, such as the spouse who is the primary guardian to the children of the family when the military personnel would be deployed.

VHA benefits also provide coverage for behavioral health treatment, including a broad range of mental health conditions, substance use disorders, post-traumatic stress disorder, and serious mental illness through both inpatient and outpatient settings. Moreover, general and psychogeriatric mental health services are provided as an integral part of primary care within the Patient Aligned Care Teams as well as VHA nursing homes and residential care facilities where many veterans receive care. The VHA also has a set of programs that fall under the heading Geriatrics and Extended Care, which are designed to help veterans diagnosed with chronic health issues or life-limiting illnesses. Among other things, these programs can provide respite care, adult day care, outpatient and inpatient hospital services, nursing homes, palliative care, and hospice.

Older Americans Act Funded Programs

Older adults experiencing homelessness may also benefit from health and support programs available through Older Americans Act (OAA) funded programs. The OAA coordinates the distribution of funds for many programs for older adults, both health-related and otherwise (ACL, 2022). These funds originate with the federal Administration of Aging, which oversees 56 State Units on Aging, which in turn oversee over 600 Area Agencies on Aging and almost 300 Tribal organizations, totaling around 20,000 service providers (ACL, n.d.; Siegler et al., 2015). The OAA funds a number of programs and services directly, such as Aging and Disability Resource Centers, Elder Rights Support programs, and the Alzheimer's Disease Initiative (Congressional Research Service, 2022). However, the majority of OAA funds (72.8 percent in FY2022) go directly to State Units on Aging and Area Agencies on Aging, which allocate funds locally to address the health and social needs of their constituents (Congressional Research Service, 2022). One such source is the Title III-D Disease Prevention and Health Promotion grant, which Area Agencies on Aging use to fund evidence-based disease prevention and health promotion services in settings such as senior centers, community centers, and various congregate settings (California Department of Aging, n.d.).

One important development in recent years is the No Wrong Door System initiative, a collaborative effort by the Administration for Community Living (ACL), CMS, and VHA. The initiative strives to create a more consumer-driven, efficient system for accessing long-term services and supports for older adults and individuals with disabilities services. Since 2003, the No Wrong Door initiative has supported 33 states with funding to help transform their systems to make it easier for consumers and their families to learn about the services available and how to access them (ACL, 2022).

Substance Abuse and Mental Health Service Administration Funded Programs

Older adults experiencing homelessness with mental health and/or substance use disorders can access services through programs of the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency within HHS (SAMHSA, n.d.). Individuals can receive comprehensive care, including 24/7 crisis services, referrals to clinics and services, and care coordination, through Certified Community Behavioral Health Clinics (CCBHCs), or through SAMHSA's National Helpline (SAMHSA, n.d.). CCBHC services are available to individuals of all

ages and are free for those unable to pay (SAMHSA, n.d.). SAMHSA also provides a variety of grants to states and local organizations specifically assisting those experiencing co-occurring homelessness and behavioral health disorders with a variety of services, including case management, peer support, and treatment for mental health and substance use disorders (SAMHSA, n.d.).

Other Sources of Health Care

Older adults, including those who may be uninsured, can also access health care through community-based outpatient clinics including Federally Qualified Health Centers (FQHCs), Health Care for the Homeless clinics, Community Health Centers, Migrant Health Centers, and Primary Care in Public Housing (Health Resources and Services Administration [HRSA], 2018). Each of these organizations is grant-funded to provide specific services to underserved populations.

In particular, the Health Care for the Homeless Program supports FQHCs that provide health care to people experiencing homelessness. Anyone experiencing homelessness is eligible to receive assistance from a Health Care for the Homeless clinic, though clinics are primarily located in urban locations. Eligibility includes people living in unsheltered locations, shelters or transitional housing, “doubled-up” situations with family or friends, people exiting institutions without a stable housing situation, and people in any other unstable or non-permanent living situation. Nearly 300 Health Care for the Homeless clinics across the country provide primary health, mental health, substance use disorders, and social services with intensive outreach and case management to link clients with additional services. In 2020, Health Care for the Homeless clinics served nearly 1 million patients, with 7.43 percent over the age of 65, a proportion that has been steadily increasing in recent years (HRSA, 2020).

Challenges with Health Services for Older Adults Experiencing Homelessness

Older adults experiencing homelessness face a number of challenges accessing the health care they need, including lack of health insurance; a need for immediate focus on basic needs, such as food and housing, instead of health needs; limited appointments and providers; a lack of transportation to access assistance (Canham et al., 2020; Kushel et al., 2012; Watson et al., 2008) among others.

Lack of insurance: There are no nationally representative data on rates of health insurance coverage for older adults experiencing homelessness; however, two studies have been conducted in single cities. These studies found that the majority of older adults experiencing homelessness have some type of health insurance, with Medicare and Medicaid being the primary sources (Lee et al., 2020; Ye et al., 2019). Using Homeless Management Information Systems data on 1,204 older adults aged 55-90 living in Tampa, Florida who received homelessness assistance in the last year, Lee and colleagues (2020) found that 88 percent had insurance. Similarly, in a study of 17 older adults experiencing homelessness in Wilmington, Delaware, Ye and colleagues (2019) found that all but two participants reported having health insurance.

Older homeless adults who lack health coverage tend to be aged 50-65 and fall between the cracks of governmental safety nets -- not old enough to qualify for Medicare and ineligible for Medicaid assistance in many states (Dipietro et al., 2014). In an examination of the Health Care for the Homeless User Survey, Baggett and colleagues (2011) found that, among people experiencing homelessness, those aged 45 and older were more likely than younger adults to have an unmet need for prescription medications (2010).

Primary focus on basic needs: Many older adults experiencing homelessness, including those with health insurance, do not receive the health care they need because they first focus on addressing their basic and immediate needs, such as securing shelter and food (Baggett et al., 2011; Van Dongen et al., 2019). This delay of attention to medical needs often results in older adults experiencing homelessness relying on emergency departments and street outreach programs for health care (Chung et al., 2018; McDonald et al., 2006).

Limited appointments or providers: Some research has found that over half of adults aged 50 and older who are experiencing homelessness report having access to a regular place of care (Chung et al., 2018; Kaplan et al., 2019). Access to health care, including routine exams or wellness checks, for older adults who are experiencing homelessness is still lower than their housed counterparts, due in part to individuals not knowing where to go or inability to get and keep appointments (McDonald et al., 2006; Ye, 2019). Moreover, older adults with memory problems may struggle to attend scheduled appointments (Grenier et al., 2013).

Lack of transportation: In the limited research available documenting older homeless adults' barriers to receiving needed health care, research found that a lack of transportation to appointments or difficulty navigating public transportation was cited as among the most common reasons for lack of health care receipt among older adults experiencing homelessness (Canham et al., 2020; Ye et al., 2019).

In discussions, people with lived experience noted barriers to service receipt including unreliable telephones, inability to get walk-in appointments, appointments that were too far out to remember, and, for two individuals, lost Medicaid cards which prevented them from getting the health services that they needed.

"I have trouble keeping [appointments] because I forget a lot." – Female, 60

Additionally, in discussions, experts and housing providers noted that behavioral health care services are rarely tailored to geriatric populations. Conditions related to aging, such as memory problems, may be interpreted as behavioral health problems. Moreover, if behavioral health providers are not attentive to feelings common to older adults, such as shame and distrust of assistance, they will be less effective in providing them the assistance they need.

Expanded Services During the COVID-19 Pandemic

Various new policies and practices were put into place to facilitate access to health care during the COVID-19 pandemic. HRSA's COVID-19 Coverage Assistance Fund and COVID-19 Uninsured

Program covered the costs of administering COVID-19 vaccines to uninsured and underinsured patients. CMS expanded Medicare coverage of telehealth and provided payment policy and regulatory flexibility for Medicare-covered services. In addition, the Families First Coronavirus Response Act required that Medicaid programs keep people continuously enrolled through the end of the month in which the COVID-19 public health emergency ends.

INCOME SUPPORTS AND OTHER NEEDS

Income Supports

SSI, SSDI, and state-funded general assistance programs provide income supplements to aged, blind, and disabled people (and some family members) to help meet basic needs such as food, clothing, and housing. As of 2022, an eligible individual's monthly maximum federal SSI payment was \$841. All but four states supplement this amount with additional assistance ranging from \$10 to \$400 a month. SSDI payment amounts are based on an individual's lifetime average earnings before becoming disabled, with average monthly amounts ranging from \$800 and \$1,800. Because many older adults live on fixed incomes, another strategy some communities are exploring to assist older adults is to provide shallow rental subsidies (typically several hundred dollars a month of limited, needs-based payments), such as Santa Monica's Preserving Our Diversity program, which provides rental assistance to low-income seniors to maintain their housing (Sharma, 2019).

For people who were employed and lost their jobs, unemployment insurance benefits can provide some temporary income supports. The basic unemployment insurance program is operated by individual states and overseen by the DoL. Most states provide up to 26 weeks of benefits, replacing about half of a recipient's wages, on average (Stone & Chen, 2014). Eligibility and benefit levels differ by state. Some recipients may also be eligible for the Extended Benefit program, which provides an additional 13-20 weeks of compensation to workers if the state's unemployment situation has worsened. Studies estimate unemployment rates among people experiencing homelessness range from 57 percent to over 90 percent compared to less than 5 percent for the general population (HPRI, 2020); however, it is not clear how many older adults experiencing homelessness are eligible for or receive unemployment insurance benefits.

Providers and organizations can assist older adults experiencing homelessness with the application process to apply for these benefits (Perret, 2021; Brown et al., 2013). The SOAR program, an evidence-based model, also helps older adults with mental illnesses, co-occurring substance use disorders, or other impairments to apply for SSI and SSDI (Kushel, 2020). One study found that SOAR applicants were twice as likely to have their initial application approved than all other homeless applicants (Kauff et al., 2016). On a national level, SOAR applicants who were of older age and living in an institutional setting, such as a hospital or a residential treatment center, were associated with a higher rate of application approval among homeless adults at risk of or experiencing homelessness (Lowder et al., 2017).

Food and Nutrition Assistance

Administered by the USDA, SNAP provides monthly benefits to low-income households to purchase food. It is the largest USDA food assistance program, serving more than 5 million older adults annually (U.S. Government Accountability Office, 2019). SNAP is funded through “mandatory” federal funding, meaning that funding for the program is automatically expanded or contracted to meet demand (Blancato & Whitmere, 2021). State Units on Aging and Area Agencies on Aging also provide nutrition services to adults aged 60 and older. For example, Meals on Wheels is a program that delivers meals to home-bound individuals who are unable to purchase or prepare their own meals.

Transportation Assistance

Transportation assistance for older adults experiencing homelessness is available through a range of services. At the state level, the Aging Services Division provides a range of services to eligible older adults, including transportation to shopping and medical appointments (Eldercare Directory, n.d.). Eligible older adults may contact their local offices to arrange for transportation to medical appointments and shopping centers, among other locations. Older adults who need special accommodations, such as those who use a wheelchair or have other mobility impairments, can use the accessible transportation.

Although service availability and eligibility differ from state to state, older adults receiving Medicaid coverage may use travel services to reach medical facilities. The transportation voucher program involves assistance with fares or rides without charge to eligible low-income older adults and people with disabilities (Haarstad, 2008). In addition, Medicaid Advantage plans have flexibility to offer expanded benefits that go beyond Medicare FFS and can address barriers to health, including non-emergency transportation to and from doctor’s appointments, lab tests, pharmacies, massage therapy, fitness centers, and other health care-related destinations.

Social Engagement Services

Many communities offer services to combat social isolation that many older adults experience, including senior centers, adult day centers, and in-home social engagement programs, though few of these programs are specifically for older adults experiencing homelessness. These programs are often funded through Area Agencies on Aging but can be supported through other federal, state, and municipal sources as well as through faith-based and private sources. Such services typically provide wellness and exercise classes, arts programs, and community building opportunities (ACL, n.d.; Berg-Weger et al., 2020; Siegler et al., 2015). The availability of such programs, the services they provide, and eligibility for participation vary nationally.

Adult Protective Services

Adult protective services (APS) programs respond to allegations of abuse, neglect, or exploitation of vulnerable adults, such as older adults and those with disabilities (National Adult Protective Services Resource Center [NAPSRC], n.d.). They investigate allegations and, as needed, address the health and safety needs of the victims through providing a range of

services and case management (NAPSRC, n.d.). APS programs collaborate with a number of professionals in the health, safety, and social services fields to address allegations as well as other needs victims may require (National Adult Protective Services Association, n.d.). States receive the majority of their funding for APS programs from the Federal Government through the Social Services Block Grant, which they can supplement through general revenue funds or other funding intended for older adults, such as funding through the OAA (Ramsey-Klawnsnik, 2018). Program administration varies by state and can occur at the state level, the county level, through local agencies such as Area Agencies on Aging, or some combination of all three (Ramsey-Klawnsnik, 2018). Each APS program can determine its own eligibility and reporting requirements in addition to definitions of abuse, neglect, and exploitation; some programs offer services only to adults over age 60, while others use varying combinations of age and disability to determine eligibility (Ramsey-Klawnsnik, 2018).

Challenges with Income Supports and Other Needs

Older adults experiencing homelessness face a range of challenges in accessing assistance and services for meeting basic needs, such as income, food, and transportation. People experiencing homelessness may have difficulty accessing financial benefits for which they are eligible. Individuals with serious mental illnesses, medical impairments, or substance use disorders and who are at risk of or experiencing homelessness face challenges when applying for SSDI benefits (Donaldson et al., 2020). Some applicants find it difficult to produce the documents needed to establish or maintain their eligibility.

Studies have also identified several barriers in accessing food assistance programs among older adults experiencing homelessness, such as difficulty applying for or renewing their benefits due to limited access to technology and no fixed addresses, low health literacy, and cognitive impairment, that may complicate the ability to understand eligibility criteria and complete necessary documentation (Tong et al., 2018). USDA researchers suggest that older adults, especially those who have been self-sufficient for the majority of their life, may feel stigma around receiving welfare, especially in a public setting such as a grocery store (SNAP, n.d.). Data on the rate of SNAP participation for older adults experiencing homelessness are not available, yet data for all eligible elderly households indicate that only about a third participates in SNAP (e.g., Ziliak & Gunderson, 2020). In response to the low participation levels and unique economic circumstances of elderly households, the USDA Food and Nutrition Service has implemented waivers and demonstration projects that aim to reduce barriers to participation, reduce administrative burden, and improve access to SNAP for elderly people (Levin et al., 2020).

In discussions, experts and providers echoed this sentiment, noting that many older adults experiencing homelessness or recently placed in housing need assistance applying for and maintaining benefits, including SSDI, SNAP, and others, especially those older adults who are not internet savvy, do not have access to the necessary technology, or struggle to understand the steps required to apply for and maintain

“For me, I don't know how the computer works... Everything now you have to do it on the computer.” – Male, 66

their benefits. Among people with lived experience of homelessness, two reported needing help navigating the recertifications for their benefits and, in particular, being confused by all of the mail they received from different agencies. Others reported not knowing how computers worked and feeling frustrated that they needed to use computers to apply for benefits and other assistance.

Yet an additional challenge for older adults experiencing homelessness is that SNAP does not allow recipients to purchase prepared food, thus requiring access to cooking facilities and an ability to safely store uncooked food (Tong et al., 2018). However, several states (five as of April 2022) have implemented a SNAP Restaurant Meals Program that allows select SNAP recipients to use their SNAP benefits to pay for restaurant meals. Eligibility differs across states but is typically limited to SNAP recipients who are 60 years or older, are experiencing homelessness, or have a disability (USDA, 2021).

Transportation assistance is available for many older adults experiencing homelessness; however, barriers can limit access to some services, particularly for those in rural areas and with mobility limitations (Ravensbergen et al., 2022). Limited research is available on the accessibility of public transportation for older adults, though the literature suggests significant variation by city (Ravensbergen et al., 2022). Individuals with lived experience with homelessness reported transportation difficulties, including not knowing how to navigate bus systems and feeling vulnerable with using public transportation due to poor eyesight and the lack of proper eyewear, physical limitations, or memory problems.

"[My case manager is] going to give me bus passes, but the problem is that my eyesight and it's just not good and I just don't feel, I feel vulnerable out there." – Female, 59

Expanded Services During the COVID-19 Pandemic

Assistance to meet a range of older adults' basic needs were expanded during the COVID-19 pandemic. The pandemic exacerbated food insecurity for older adults at risk of or experiencing homelessness due to a loss of, or disruption in, food from nutrition programs (Goger, 2020). To address this challenge, numerous providers implemented innovative strategies, such as converting in-person nutrition programs for older adults into "grab and go" programs or home-delivered meals. Additionally, when some traditional senior nutrition food distribution channels were overwhelmed, providers found new local and corporate partners. For example, members of National Association of Nutrition and Aging Services Programs (NANASP) and n4a partnered with Tivity Health to provide Nutrisystem and South Beach Diet frozen home-delivered meals to older adults in areas with food shortages. A January 2021 survey of the NANASP members found that around 90 percent of respondents reported that they were still serving more meals now than prior to the pandemic, with many providers stating that their demand had doubled or more (NANASP, 2021).

During the pandemic, states began more widespread adoption of the USDA's SNAP Online Purchasing Pilot to allow SNAP participants the option of grocery shopping online, which prior

to March 2020 was in place in only New York and Washington State. The program has continued to expand following the pandemic. As of April 2023, the District of Columbia and every state except Alaska were participating in the program (USDA, 2021).

In addition, during the pandemic, federally-funded unemployment insurance was expanded to include workers not traditionally covered by unemployment insurance benefits, provide a flat benefit level to all recipients (at a higher rate than was typically provided by states), and extend the period of time for which recipients could receive benefits.

In 2021, the Federal Government drastically increased its direct contribution to APS programs through the CARES ACT and the American Rescue Plan Act (ACL, 2021). No formal APS administration changes happened at the federal level in response to the pandemic, though some APS programs took on larger roles in service referrals and direct provision as community-based organizations and nursing homes struggled to stay open and provide care for older adults (Liu & Delagrammatikas, 2021).

Providers with whom we spoke noted that several changes implemented during the pandemic had both positive and negative impacts for the older adults they served. For example, multiple housing providers were able to provide iPads or other devices to their residents, expanding the ways to connect with family and friends; however, older adults with limited technological proficiency were less able to use these new methods of connection. For these older adults, the pandemic was thought to accelerate physical and cognitive decline. Similarly, many meal services such as soup kitchens transitioned to meal delivery assistance. This shift was an advantage for those who struggled to access services, yet also removed an opportunity for socialization for many older adults.

Section 4. Gaps and Potential Strategies

ADDRESSING GAPS IN SERVICE DELIVERY AND COORDINATION

The environmental scan and discussions identified a number of critical gaps in housing and service availability, accessibility, delivery, and coordination. The following interventions and policy considerations may help providers and policymakers better meet the housing and support needs of older adults experiencing housing instability and homelessness.

Identification, Outreach, and Navigation Services

Various interviewees recommended better screening and identification of housing instability among non-homelessness providers with whom older adults are connected, such as health clinics and benefits offices, would help prevent many at risk older adults from becoming homeless. Older adults experiencing homelessness need outreach and navigation that is targeted sensitive to their specific barriers to receiving assistance. Experts and providers noted, in particular, that services are needed to help older adults learn about the available supports that match their eligibility and to navigate the process of applying for and accessing that assistance.

Individuals with lived experience of homelessness echoed this sentiment. Two people who experienced homelessness for the first time as older adults reported that they did not know who to turn to for assistance or what assistance was available. Although most individuals reported being connected to a case manager who helped them figure out where to go, they reported primarily learning about the assistance available through other people on the street.

“They should have more people that will go down there to try to help them to get off the damn street because once you’re on the street, it is so hard to keep it together and get off the street.” – Male, 57

Increased Access to Benefits and Services

Experts and providers noted that restrictive eligibility criteria also prevent or complicate access to key services for this population. Some criteria, such as for Medicaid long-term care (including HCBS), have strict income and/or asset requirements that require recipients to exhaust nearly all savings before receiving coverage. The asset limits for Medicaid eligibility for these services are typically no more than \$2,000 for an individual or \$3,000 for couple.⁹ Other programs, such as SSI, have strict age and/or disability criteria, limiting services to people over age 60 or 62. Veterans who have been dishonorably discharged are ineligible for VA assistance. Permanent supportive housing programs are often limited to those who have experienced chronic homelessness and are thus unavailable to older adults who are at risk but do not have histories of homelessness. Undocumented individuals are ineligible for most types of federally-funded

⁹ California is implementing a new policy that is phasing out this asset limit beginning in July 2022 (Justice in Aging, 2022).

assistance.¹⁰ Experts noted that overall, older adults experiencing homelessness are at increased risk of morbidity and mortality compared to the housed population and need access to these benefits and services.

Crisis and Interim Housing Tailored for Older Adults

Experts and providers reported a need for homelessness assistance that was tailored to older adults' unique challenges. For example, emergency shelter accommodations should include beds that are on the first floor or bottom bunk, 24-hour access to bedrooms and bathrooms, and refrigeration or locked storage for medications and medical supplies. Additionally, they noted, providers who serve older adults at risk of or experiencing homelessness must be sensitive to the emotional needs of older adults, who may be struggling with shame and sadness due to needing assistance or being disconnected from their families.

Permanent Supportive Housing Tailored to Older Adults with Histories of Homelessness

Older adults with histories of homelessness often have additional challenges moving into permanent supportive housing than older adults without such histories. These include greater functional impairments and behavioral health challenges, as well as limited connection to their communities. There is a need for additional permanent supportive housing specifically tailored to these older adults with physical accommodations (e.g., wheelchair accessible buildings, grab bars in units) to address these needs as well as access to the types of case management and nursing assistance (e.g., medication management, wound care) that will allow them to age in place.

Consistent Case Management Assistance

The majority of older adults with lived experience with whom we spoke indicated that case management help was critical to getting the assistance they needed. When asked how they knew where to go for assistance, ten of the 14 individuals said they learned about help

"I talked with [my case manager] 1 time and now he's gone for 2 or 3 weeks doing something, I don't know what, and won't be back." – Female, 59

through their case managers. For those in permanent supportive housing, this case management was, most often, associated with the housing program. People not in housing mentioned that case managers at emergency shelters were also helpful in providing guidance about where to go for help. Four individuals spoke of the difficulties navigating the system when they did not have case managers or when there was case manager turnover, which prevented them from getting the help they needed. Research shows that low wages and a demanding work environment are associated with high rates of case manager and supervisor turnover in many organizations, both of which can disrupt clients' access to appropriate and

¹⁰ Beginning in May 2022, California expanded Medi-CAL access to all individuals who are 50 years or older regardless of immigration status. Under this expansion, all individuals who meet Medi-CAL full-scope eligibility are eligible for primary, specialty, behavioral health, and long-term care as well as in-home supportive services, HCBS, transportation, vision, and hearing aid coverage (Office of Governor Gavin Newsom, 2022).

timely services (Gabrielian et al., 2022). A current shortage of direct care workers and case managers exacerbates the challenges of system navigation for many older adults.

Inadequate Capacity of Affordable Housing

Echoing findings from the research, experts and providers spoke of the need for more affordable housing for older adults at risk or experiencing homelessness. In particular, they identified a need for more permanent supportive housing as well as other subsidized housing for older adults, including Supportive Housing for the Elderly (Section 202) and Housing Choice Voucher (Section 8) units. For most housing assistance programs, such as Section 8 vouchers, waitlists can be years long, and once an individual receives a voucher, low housing vacancy rates and landlord bias can effectively prevent people from securing affordable housing.

Lack of Coordination Across Systems

Across discussions, the most-widely identified issue with serving older adults experiencing homelessness was a lack of coordination across the various systems that serve older adults at risk of or experiencing homelessness. This lack of coordination happens on multiple levels. At a systems level, cross-systems coordination has not been a federal priority, funding streams are often siloed, and eligibility criteria vary. Multiple experts indicated that many programs, for example, may make sense fiscally but run into barriers due to the “wrong pocket problem” such that the money that needs to be spent comes from a different coffer than money that will be saved. For example, greater investments in prevention services or housing stabilization services will likely result in improved health outcomes. Yet, the savings that result from those improvements are unlikely to benefit agencies that provide prevention or housing assistance.

“All the different agencies, they don't communicate with each other like they should. And, well, a couple of times I've got responses from the agencies that I need to recertify and I have sat down and went through all that paperwork and sent it off and I still get the threatening letters.” – Male, 74

Experts and providers noted that it is no one person's or agency's job to coordinate across systems and social service agencies are often too understaffed to take this on. Others indicated that most systems are quite complex and use different language and data systems, making it difficult to communicate. Coordination may be further challenged by program requirements that are hard for people experiencing homelessness to meet. For example, some PACE programs serve older adults living in subsidized housing with wrap-around supportive services, including primary and specialty health services, medication assistance, mental health services, occupational therapy, dentistry, as well as meals and nutrition counseling, social activities, social services, and transportation assistance. Although this model has successfully coordinated care for homeless people in a few select locations, such as San Diego, as a Medicare benefit option, it was not originally designed to serve this high-need population. Individuals with long histories of homelessness may have more functional impairments and behavioral health needs than is covered by PACE payment rates.

Finally, many aging, health, and long-term care service systems do not routinely screen for housing instability among their clients and thus service providers are unaware that they need to coordinate with housing and homelessness providers. When they are aware of the coordination that is needed, HIPAA regulations can make it difficult for care providers to communicate about their shared clients. Moreover, distinct data systems across systems make it difficult for providers to track individuals' service receipt to ensure they are getting the assistance they need.

GAPS IN KNOWLEDGE

The experts and providers interviewed largely concurred that insufficient research has focused specifically on older adults experiencing homelessness, a small but growing population of people. Those interviewed provided insight into areas they would like to see additional research to inform policy and services moving forward.

Research on Equity in Services and Outcomes

One key area raised by many individuals with whom we spoke was the need for more research focused on equity in services and outcomes for older adults experiencing homelessness. Racism and language barriers can prevent individuals from accessing the assistance they need, though providers may not understand the extent to which this occurs. Experts pushed for additional research unpacking whether there are differences by race and ethnicity in the types and amount of assistance received by people experiencing homelessness as well as the causes of those differences. One expert also called for research exploring the extent to which older adults who are LGBTQ+ receive the assistance they need.

Research on the Connection between Health and Homelessness among Older Adults

Another area in which older adults are understudied is the intersection of health and homelessness. Experts noted cognitive impairment in older age may contribute to individuals' risk of homelessness as they struggle to manage their finances. Yet, interviewees called for more research exploring cognitive decline once individuals become homeless. One expert noted that individuals experiencing sleep deprivation or severe depression, common conditions among those who are homeless, may be misdiagnosed with dementia on health assessments. Another cited preliminary research indicating that cognitive tests for people experiencing homelessness are far more unstable over time than among their housed counterparts and that moving into housing results in improved cognition. Yet more research is needed in this field, including to understand racial-ethnic differences in cognitive decline for people experiencing homelessness (Nye et al., 2022).

Documentation of Available Assistance

Experts also cited a need for additional documentation of the types of assistance available to older adults at risk of or experiencing homelessness as well as the eligibility criteria and enrollment requirements across systems. This work can guide federal and state policymakers about what help is available, where gaps in assistance exist, and when individuals are most

likely to need interventions to help them access and maintain the services they need. This report serves as a starting point to meet this need, yet additional work is needed to document the complex eligibility and enrollment requirements for programs, particularly those that vary by state or municipality. One expert suggested they would like to see a map of all of the moments that a Medicaid-eligible individual could lose or be denied coverage for failing to provide necessary documentation. This exercise, they argued, could inform policy recommendations to simplify the process as well as provide case managers with guidance about the types of assistance needed.

Additional Data on Older Adults Experiencing Homelessness

Finally, interviewees identified a need for additional data focused on older adults experiencing homelessness. Some experts pointed to state and local municipalities, such as Washington State, Rhode Island, Allegheny County, and Los Angeles County, that have integrated databases that could provide insight into the service needs and experiences of older adults experiencing homelessness across multiple systems. However, federal homelessness data include limited information about older adults, making it hard to identify the size and composition of the population or their service needs.

POTENTIAL STRATEGIES

Through the information identified in this study, we offer a number of potential strategies for policymakers and service providers to better identify and serve older adults at risk of or experiencing homelessness. Strategies for policymakers to consider include:

- ***Additional prevention resources.*** Experts and providers with whom we spoke identified prevention services as both cost-effective and compassionate approaches to serving older adults at risk of homelessness. These services include short-term rental assistance until affordable housing can be located, permanent shallow rental subsidies, resources to help with property taxes, and assistance with home maintenance costs.
- ***Assistance with other costs of living.*** With increasing costs of food, transportation, and other expenses, rent-burdened older adults will increasingly struggle to pay for housing. Providing assistance with these other expenses, through established programs such as Meals on Wheels and new programs developed during the pandemic, will allow for additional resources to be allocated towards housing without sacrificing other needs.
- ***Additional types of affordable housing assistance.*** Shallow subsidies that provide a small, ongoing amount of rental assistance to older adults on fixed incomes could prevent or end their homelessness. In discussions, many experts and providers spoke of the need for a broader range of affordable housing situations, such as affordable assisted living for older adults who need limited assistance but do not require nursing home-level care.
- ***Expanded state coverage for HCBS for at risk individuals.*** HCBS can help support older adults and individuals with disabilities live in the community. Such services include assistance with medication management and wound care; assistance with ADLs; home

management services, such as housekeeping and home repairs; transportation to medical appointments as well as other locations such as grocery and clothing stores; opportunities for social engagement; and case management assistance. Strategies might include ensuring that eligible individuals in transitional housing and permanent supportive housing have access to needed personal care to help with ADLs. States can also consider covering housing-related services and supports under their HCBS systems, such as pre-tenancy services for individuals transitioning from homelessness or institutions or assistance with home modifications (Costello, 2021).

- **Identification of older adults by HUD as a key population.** One limitation to understanding the size and characteristics of the population of older adults experiencing homelessness is the limited data available. Despite older adults comprising a growing share of the population of adults experiencing homelessness, HUD does not designate older adults as a population of focus in its Annual Homelessness Assessment Reports. Thus, no national data are available on the characteristics (e.g., gender, race, ethnicity) or geographic distribution of older adults experiencing homelessness and no data exist on the number of older adults experiencing unsheltered homelessness.
- **Better cross-systems coordination.** Many interviewees noted that most systems that serve older adults experiencing homelessness do not coordinate with one other. They suggested addressing homelessness among this population through cross-systems coordination needs to be a federal priority and can be fostered through shared goals, flexible or blended funding streams, and better integrated data systems. On a local level, CoCs could work with ACL to ensure that No Wrong Door providers and providers of coordinated entry are well-connected and can easily make referrals between their programs to best meet the needs of older adults experiencing homelessness.
- **Continuation of programs started during the pandemic.** A number of programs adopted or expanded during the pandemic, such as telemedicine and the USDA's SNAP Online Purchasing Pilot, provided older adults access to the assistance they needed when they could not leave their homes. A continuation of these programs would increase access to assistance for older adults with mobility limitations due to health impairments, including poor eyesight and poor memory.

Potential strategies for service providers include:

- **More proactive identification of older adults at risk of homelessness.** Experts and providers both noted that many older adults at risk of homelessness do not reach out for assistance until it is too late to maintain their housing because they do not know where to go for help or they are unwilling to ask for it. While Area Agencies on Aging are increasingly fielding calls on assistance to address housing instability and homelessness, there could be more proactive identification of older adults at risk of losing their housing. Service providers, such as health clinics and those participating in the No Wrong Door Initiative, may be in a good position to implement strategies (such as routine screenings) to identify older adults who are severely rent-burdened or otherwise at risk of homelessness and then work to connect those adults to available services.

- ***Better documentation of services and supports available in local communities.*** This documentation of assistance, as well as the eligibility criteria for receipt of assistance, will enable more older adults at risk of or experiencing homelessness to know what assistance is available and how they can access it. This resource must be regularly maintained and easy for people to access, such as through city or county websites, local service providers, and locations older adults frequently visit (e.g., public libraries).
- ***Additional assistance accessing medical equipment for people experiencing homelessness.*** Older adults experiencing homelessness face challenges accessing assistive technology, such as eyeglasses and hearing aids, that may be lost or damaged while they are living in places not suitable for human habitation or are moving frequently from shelter to shelter. Homelessness providers could connect with services in their communities to assist older adults with providing or replacing this equipment. In addition, shelter and transitional housing providers should provide accommodations for people with limited mobility such as grab bars and shower safety seats.
- ***Training for case management staff on issues specific to older adults.*** With the rate of older adults experiencing homelessness increasing, CoCs should provide training for front-line staff on issues specific to older adults experiencing homelessness. Such training could provide staff with sensitivity to and strategies for addressing feelings of distrust of assistance, concerns about losing their independence, and difficulty using public transportation and remembering scheduled appointments. Training could also address the range of service needs that are more common among older adults experiencing homelessness and list the providers in the community that can help address such needs.
- ***Improved access to sufficient income assistance for eligible individuals.*** Programs such as SSI are designed to prevent destitution, premature illness, and death among people who are 65 and older, blind, or disabled. Yet few older adults experiencing homelessness under age 65 receive the benefit, despite having significant health and mental health challenges. More aggressive outreach and enrollment through programs such as SOAR would provide a sustainable source of income for a significant share of older adults experiencing homelessness. In addition, SSI payments are insufficient to support individuals with their living expenses. In 19 states and the District of Columbia, statewide average one-bedroom rents are higher than monthly SSI payments and in the remaining states, monthly rents are equal to 75 percent or more of monthly SSI payments (Schaak et al., 2017).

CONCLUSION

Older adults at risk of and experiencing homelessness are an especially vulnerable population with a higher prevalence and severity of a number of health and behavioral health challenges than both their housed counterparts and younger adults experiencing homelessness. As the number of older adults experiencing homelessness continues to grow, it is critical to understand their unique set of needs as well as the services and supports that are available and accessible to address them. This environmental scan provides a roadmap for better understanding this population, including older adults' pathways into homelessness, their

characteristics, and service needs. It outlines the range of services and supports available to address those needs across service delivery systems. Finally, it documents the unique challenges older adults experiencing homelessness face in accessing the assistance available and offers a number of potential strategies for better serving this population.

Appendix: Overview of Methodology

This report incorporates findings from an environmental scan, including a review and synthesis of published research, evaluations, and white papers; discussions with subject matter experts and housing and service providers; and conversations with people with lived experience of homelessness in older adulthood. Each of these methods is described in further detail below.

ENVIRONMENTAL SCAN

We used a systems approach for identifying key resources, including focused searches on literature and other resources within the fields of homelessness and housing, health and behavioral health, and aging. We began the literature review with identification and review of the seminal articles on older adult homelessness (e.g., Brown et al., 2011, 2016; Brown et al., 2016; Culhane et al., 2013; Culhane et al., 2019; Kushel, 2020; Shinn et al., 2007) and the bibliographies of the leading scholars in the field to identify both published and unpublished relevant resources, including reports, evaluations, and datasets along with research articles. From this initial review, we developed a list of key words to use in a broader search, augmented with terms based on our knowledge of services and supports available across systems to serve older adults at risk of or experiencing homelessness.

Exhibit A-1 outlines the key words and search terms used.

Exhibit A-1. Key Words and Search Terms Used to Identify Relevant Published and Unpublished Literature			
Population:	Conditions:	Services:	Systems:
• Older adults • Aging adults • Seniors • Elderly people • Veterans	• Low-income • Equity/discrimination • Rent-burdened • Unsheltered • Food insecurity • Uninsured/underinsured	• Homelessness prevention • Outreach/engagement • Crisis/interim housing • Rapid re-housing • Permanent supportive housing • Affordable housing/low-income housing • Medicare/Medicaid • Medical respite care • Income supports (SSI/SSDI) • Food and nutrition assistance • Transportation assistance	• Homelessness • Housing • Health care • Behavioral health • Social services • Aging services • VA
The sources searched for relevant literature are detailed in Exhibit A-2 .			

We conducted a series of systematic searches using the key words to identify the population of interest in combination with conditions, services, and systems. For example, searches included “older adults” combined with “low-income”, “homelessness prevention”, “homelessness

services”, and so on. Using these combinations of terms, we searched a variety of databases of published literature to identify research on characteristics, service needs, and interventions for older adults experiencing homelessness. We also searched government agency websites for information about eligibility and coverage of services and supports across a range of systems. Next, we searched the websites of research organizations, service providers, and advocacy organizations for additional information about the needs of older adults at risk of or experiencing homelessness, the challenges they face in accessing assistance, and specific programs that are working to address these challenges. Finally, we identified additional studies and reports recommended by experts and providers during the interview phase of the project. This process identified 364 potential sources.

Exhibit A-2. Sources Searched to Identify Relevant Published and Unpublished Literature

- Seminal articles in field
- Bibliographies of leading scholars
- Databases of published literature (PsycINFO, ProQuest, SAGE Research Methods, FirstSearch, PubMed, LitCovid)
- Government agencies
 - Administration for Community Living/Administration on Aging
 - Centers for Disease Control and Prevention
 - Centers for Medicare & Medicaid Services
 - Substance Abuse and Mental Health Services Administration
 - U.S. Department of Health and Human Services
 - U.S. Department of Housing and Urban Development
 - U.S. Department of Veterans Affairs
 - U.S. Interagency Council on Homelessness
 - U.S. Social Security Administration
- Research, service, and advocacy organizations
 - AmeriCorps
 - Assisted Living Org
 - Association of Mature American Citizens Foundation
 - Benioff Homelessness and Housing Initiative
 - Center for Housing Policy
 - Center on Budget and Policy Priorities
 - Corporation for Supportive Housing
 - Council of Large Public Housing Authorities
 - Homelessness Policy Research Institute
 - Joint Center for Housing Studies, Harvard University
 - Abdul Latif Jameel Poverty Action Lab Justice in Aging
 - LeadingAge
 - National Adult Protective Services Association
 - National Adult Protective Services Resource Center
 - National Alliance to End Homelessness
 - National Association of Area Agencies on Aging
 - National Coalition for the Homeless
 - National Council on Aging
 - National Health Care for the Homeless Council
 - National Low Income Housing Coalition
 - USAging

Once materials were collected, we applied a protocol to appraise the resources for factors that may influence their interpretation and prioritization. For example, for studies on the characteristics of the population, we considered the study location, the population included, and the year of completion. Studies that occurred fully outside of the United States or Canada were excluded from consideration. For studies on samples that were small or not representative of all older adults experiencing homelessness (e.g., individuals living in a particular city or individuals recruited from drop-in centers), we integrated details of the studies that may influence their generalizability (such as sampling strategy or geographic location) into the summary of findings to provide appropriate context for the reader. For literature on program resources and interventions, we prioritized the most current information available. In the final scan, we incorporated 164 of the materials identified.

Compared to the larger literature on homelessness among all populations, only a few studies have focused specifically on older homeless adults, and most of these studies have been conducted within the last decade. Several of the studies reviewed in this report are based on small samples concentrated in urban areas. These limited samples pose challenges in drawing generalizations about older adults' experiences with homelessness and the supports available for them. Thus, the picture presented here, though illustrative, may not include the experiences of all older adults, such as those from rural areas. The examination of demographic composition of the population of older adults experiencing homelessness is especially new; only a few studies exist examining differences in the needs and trajectories between subgroups of older adults or the influence of characteristics such as race and ethnicity and immigration status.

Several articles reviewed in this report originate from a single cohort of older adults who participated in the landmark HOPE HOME study (Brown et al., 2011, 2016; Hurstak et al., 2017; Kaplan et al., 2019; Kushel, 2020; Lee et al., 2016; Raven et al., 2017). This study followed a cohort of 350 older adults experiencing homelessness in Oakland, California over three years. The study used clinical assessments and structured interviews to assess geriatric conditions (functional, cognitive, and sensory impairment), housing history, behavioral health (mental health and alcohol and substance use disorders), physical health (chronic diseases), and acute health care utilization (emergency department visits, inpatient hospitalizations, and skilled nursing facility placement). As the first study of its kind to focus on this population, it provides much-needed data on the experiences, trajectories, and consequences of geriatric conditions in homeless adults aged 50 and older, providing important insights into the type of housing and services that may be effective for serving this population. Yet there remains a need for additional research to replicate this study to build on these learnings and assess the generalizability of the findings for all older adults experiencing homelessness.

DISCUSSIONS

Discussions with Subject Matter Experts and Providers

Between June and October 2022, we conducted a series of discussions with a diverse set of subject matter experts and housing and service providers on homelessness among older adults.

Nine subject matter experts representing different disciplines of research, policy, practice, and systems with expertise in aging and homelessness were selected, including those with expertise in population changes, behavioral health, housing, prevention, health care/long-term care, veteran populations, aging services, and racial equity. We also selected representatives from eight housing and service provider agencies located throughout the country, including providers of homelessness prevention, outreach, and drop-in assistance; health care and respite care; permanent supportive housing, and aging support services. Throughout the report, we refer to these individuals as experts and providers, respectively.

These expert and provider discussions supplemented information learned through the literature review. The discussions followed a semi-structured format and focused on providing a deeper understanding of:

- The characteristics and needs of older adults at risk of or experiencing homelessness.
- Challenges to and potential strategies for identifying older adults in need and engaging them in assistance.
- The range of services and supports across service sectors that are available to meet their needs, including innovative interventions to explore.
- Gaps in services and supports that remain.
- Barriers and facilitators of cross-system coordination.
- Areas for which additional research is needed.

Discussions with People Experiencing Homelessness

We collected data through tailored conversations from individuals between the ages of 56 and 74 who were experiencing or had experienced homelessness as older adults. All but one of the individuals were recruited for participation through three provider agencies -- two permanent supportive housing programs for older adults located in the northeast and one drop-in center for older adults located in the southwest. The final individual was identified through her work as a national mental health consumer advocate and policy consultant who has written a personal account of the challenges of experiencing homelessness as an older adult. Six people were currently experiencing homelessness at the time of the discussion, staying in shelter, in tents, or on the street. Eight people were housed, with seven in permanent supportive housing and one in low-income housing. The goals of these conversations were to learn more about their experiences accessing the housing and supports they needed and the challenges they faced. Westat staff conducted six of these conversations, while the remaining eight conversations were led by case managers from the participating agencies using protocols developed by Westat.

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ACRONYMS

The following acronyms are mentioned in this report.

ACL	HHS Administration for Community Living
ADL	Activity of Daily Living
APS	Adult Protective Services
CAPABLE	Community Aging in Place--Advancing Better Living for Elders
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CCBHC	Certified Community Behavioral Health Clinic
CDC	HHS Centers for Disease Control and Prevention
CMS	HHS Centers for Medicare & Medicaid Services
CoC	Continuum of Care
COVID-19	Novel Coronavirus
CSH	Corporation for Supportive Housing
DoL	U.S. Department of Labor
ERA	USDT Emergency Rental Assistance
FFS	Fee-For-Service
FQHC	Federally Qualified Health Center
HCBS	Home and Community-Based Services
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HOPE HOME	Health Outcomes in People Experiencing Homelessness in Older Middle Age
HPRI	Homelessness Policy Research Institute
HRSA	HHS Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and More
LIHEAP	HHS Low-Income Home Energy Assistance Program
LIHTC	Low-Income Housing Tax Credit

n.d.	not dated
n4a	National Association of Area Agencies on Aging
NAEH	National Alliance to End Homelessness
NANASP	National Association of Nutrition and Aging Services Programs
NAPSRC	National Adult Protective Services Resource Center
NCOA	National Council on Aging
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
PAHRC	Public and Affordable Housing Research Corporation
SAMHSA	HHS Substance Abuse and Mental Health Services Administration
SNAP	Supplemental Nutrition Assistance Program
SNP	Special Needs Plan
SOAR	SSI/SSDI Outreach, Access, and Recovery
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
USDA	U.S. Department of Agriculture
USDT	U.S. Department of the Treasury
VA	U.S. Department of Veterans Affairs
VHA	Veterans Health Administration

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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SUGGESTED CITATION

Henderson, K.A., Manian, N., Rog, D.J., Robison, E., Jorge, E., Al-Abdulmunem, M. Addressing Homelessness Among Older Adults (Final Report). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 26, 2023.

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