Executive Summary

A GOLDEN OPPORTUNITY TO REDUCE OLDER ADULT HOMELESSNESS IN SAN DIEGO COUNTY

The number of newly homeless in San Diego County doubled in 2020. According to San Diego’s 2020 Point In Time Count, one out of four of San Diego’s homeless adults is over the age of 55. Among this group of unsheltered seniors, 88% became homeless in San Diego County and 43% are experiencing homelessness for the first time in their lives.

Serving Seniors finds this unacceptable. As a nonprofit, focused on assisting low-income and homeless older adults, we cannot allow these developments to go unaddressed. To uphold our commitment to San Diego’s seniors, we partnered with Harder + Company Community Research, with funding provided by the Hearst Foundations, to conduct a needs assessment focused on older adults at-risk of or currently experiencing homelessness.

The number of homeless older adults is projected to triple over the next decade. We must take immediate action to address this growing crisis. It is a matter of health and safety, and the time is now.

While many of the challenges faced by at-risk and homeless older adults are not exclusive to this population, for proposed solutions to be successful they must consider the complex needs unique to seniors. This resulting report summarizes our assessment’s key findings and proposes a specific set of recommendations to combat homelessness among older adults in San Diego.
• Many older adults become homeless because they lack an economic safety net. They suffer catastrophic events with dire financial consequences and may take actions that compromise their health and safety to make ends meet.

• More than half (56%) of those interviewed report an additional $300 or less of monthly income would increase their rent security.

• Some interview participants reported avoiding shelters due to safety concerns including risk of theft, physical harm, and potential exposure to substance use. The person/environmental fit of shelters may be another area for exploration given functional impairments and health concerns associated with the aging process.

• Less than half (45%) of service providers surveyed receive gerontological training or are required to have knowledge of/experience with older adults. Half (53%) of service providers surveyed viewed their effectiveness in providing services to older adults as ‘moderately effective,’ ‘slightly effective,’ or ‘not effective.’

• Interviewed older adults reported challenges with identifying and accessing services and resources. They reported struggling with technological barriers, transportation, and mobility limitations.

• Assessment tools and eligibility criteria may not be optimized to assist older adults.
Executive Summary

AGE-FRIENDLY SOLUTIONS

1. **Leverage diversion programs** to stabilize the economic circumstances of older adults in order to prevent a loss of housing and their entering a cycle of homelessness.
   - a. Continue to expand the shallow-subsidy programs in place for older adults at-risk of homelessness.
   - b. Establish a (permanent) **financial subsidy program** for older adults.
   - c. **Support relationship building and reconnecting with friends/family** to proactively widen the safety net and pool of resources before older adults need help.
   - d. **Encourage shared housing through an automated, compatibility matching process** specifically designed for older adults.

2. **Dedicate separate spaces** in shelters with increased security, oversight, and age-friendly accommodations and policies for older adults.

3. **Provide gerontological (age-related) training to service providers**. San Diego has an abundance of aging experts and collateral material that could be leveraged to provide quality training to homeless service providers. A primary example is San Diego County’s Aging and Independence Services (AIS).

4. **Remove technological barriers** by providing low-tech solutions and complimenting case management services with basic technology training and support specific to the needs of older adults.

5. **Address transportation and mobility barriers** which prevent access to available services. Expand the availability of mobile or virtual service providers.

6. **Continue to prioritize older adults** within entities like the Regional Task Force on Homelessness, the Continuum of Care, the County’s Department of Homelessness Solutions, Equitable Communities, and City of San Diego’s Homelessness Strategies and Solutions Department.

7. **Revise assessment tools, such as the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)**. The VI-SPDAT should assign greater weight on the ability to re-stabilize with limited resources and recognize the older adult population’s differing circumstances.

8. **Continue to invest in affordable housing** at the local, state, and national level, both public and privately funded.
Executive Summary

OLDER ADULT HOMELESSNESS WILL INCREASE WITHOUT SWIFT INTERVENTION

Older adult homelessness in San Diego County is connected to many policy areas, such as housing, healthcare, and transportation. The key findings described in our report and resulting recommendations offer a thoughtful approach to providing financial support, improving policies, removing barriers, enhancing services, and leveraging existing resources to build a safety net around older adults.

We cannot afford to wait. The US Census reports 10,000 Baby Boomers turn 65 daily. By 2030, all Baby Boomers will be over 65. As this generation ages with less economic certainty than previous generations, the threat of homelessness will continue to grow and will demand the reallocation of even more resources if left unaddressed. The number of homeless older adults (55 and over) is projected to grow from 170,000 in 2017 to 225,000 by 2026, with the fastest growth among those 65 and over.

Serving Seniors intends this report to foster a greater understanding of the direct experience of seniors facing homelessness and to initiate broader discussions on how to invest in practical and permanent solutions to our homeless services infrastructure that will benefit San Diego’s low-income seniors.
INTRODUCTION
Introduction

SAN DIEGO’S SENIOR HOMELESSNESS CRISIS

San Diego County residents experiencing homelessness has risen steadily in the last decade. The coronavirus pandemic exacerbated the situation. As a result, first-time homelessness in San Diego doubled in 2020.

A significant portion of the region’s homeless population are older adults. In 2020, one out of every four unsheltered San Diego County residents were adults age 55 and over.

Among San Diego’s unsheltered seniors, 88% became homeless in San Diego and 43% are experiencing homelessness for the first time in their lives.

National reports confirm the number of homeless older adults (55 and over) is projected to grow from 170,000 in 2017 to 225,000 by 2026, with the fastest growth among those 65 and over.
Introduction

AFFORDABLE HOUSING SHORTAGES AFFECT SENIORS

San Diego County’s skyrocketing rents and affordable housing shortages are the greatest barriers low-income seniors face. With the average rent for a one-bedroom apartment in San Diego being $1,995 per month, seniors living on meager fixed incomes are struggling to keep a roof over their heads.

According to a study by the Joint Center for Housing Studies at Harvard University, nearly 10 million households with an occupant over age 65 spend more than 30 percent of their incomes on housing and roughly five million of those households spend more than 50 percent.

Government housing programs, such as Section 8, have largely failed low-income seniors with decade-long wait lists and a shortage of properties willing to accept vouchers.

Seniors who finally secure a voucher often find themselves moving back to the bottom of the list because they can’t find a unit before their voucher expires.

According to the National Coalition for the Homeless, there are at least nine seniors waiting for every one occupied unit of affordable elderly housing nationwide.

Most Low Income Renters are Without Federal Rental Assistance

<table>
<thead>
<tr>
<th>Assistance</th>
<th>No Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

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Introduction

AGE-RELATED OBSTACLES FUEL OLDER ADULT HOMELESSNESS

The Regional Task Force on Homelessness (RTFH) currently identifies Transitional Age Youth (TAY), military veterans, and families as specialized subsets of homeless with unique needs and risk factors. Understanding these factors provides critical information needed to better match services to the needs of these subpopulations. It also allows service providers to focus on maximizing finite resources to improve outcomes.

In a similar way, older adults possess specific age-related obstacles contributing to their risk of becoming homeless. Fixed incomes, reduced employment opportunities, declining health, and diminishing mobility all add to higher overall personal vulnerability. When these issues are not acknowledged and understood, they stand in the way of effective solutions.

Serving Seniors exclusively serves San Diego’s low-income, older adult population. Our work presented a need to formally investigate older adult homeless so San Diego might be able to grasp the true nature of older adult homelessness. This needs assessment project was designed and conducted in conjunction with Harder + Company Community Research to gather and analyze data to learn more about the needs of older adults experiencing, or at-risk of, homelessness.

By providing these data driven findings and recommendations, Serving Seniors intends to support and encourage discussion among service providers, advocates, policymakers, and the community at large about older adult homelessness.

“Older adults possess specific age-related obstacles contributing to their risk of becoming homeless.”
OBJECTIVES
& METHODOLOGIES
Objectives & Methodologies

OBJECTIVES FOCUSED ON PRACTICAL APPLICATION

- Examine the current service delivery system for older adults experiencing and/or at risk of experiencing homelessness;
- Identify gaps and barriers through environmental and situational analysis;
- Review policies, procedures, and practices of service providers, homeless shelters, transitional and supportive housing organizations, and housing programs and how they service older adult clients;
- Identify best practices for providing housing to older adults;
- Recommend solutions with practical application toward reducing the number of homeless older San Diego County residents.
Objectives & Methodologies

ASSESSMENT METHODS

This study used a mixed methods approach to provide a better understanding of older adults experiencing homelessness in San Diego.

- **NEEDS ASSESSMENT SURVEY:** Survey of 192 older adults who currently are, previously were, or are at-risk of being homeless. Ten service providers, recruited from members of The Regional Task Force on Homelessness representing all six regions of San Diego County, implemented the survey. The survey was conducted in different settings such as food distribution sites, shelters, community centers, and clinics.

- **PREVENTION SURVEY:** Survey of 178 housed older adults with a prevention focus: A second survey focused on prevention was administered to older adults who had previously experienced homelessness or who were at-risk. The survey was implemented at older adult housing sites throughout San Diego County.

- **PERSONAL INTERVIEWS:** One-on-one interviews with 11 older adults who are currently, previously, or at risk of experiencing homelessness. Interviews were conducted to gain additional context and provide a deeper understanding of survey results.

- **SERVICE PROVIDER SURVEY:** Survey of 40 organizations serving the homeless in San Diego County. The evaluation team administered an online survey to 61 individuals providing services throughout San Diego County to assess current conditions.

- **POLICY REVIEW:** A policy scan identified current policies and systems with the potential to improve support for older adults experiencing homelessness.
FINDINGS
Findings

FINDING #1: FINANCIAL DISTRESS DRIVES OLDER ADULT HOMELESSNESS

Many older adults experience homelessness in San Diego for economic reasons, rather than other drivers.

In qualitative interviews, participants cited:

- Insufficient retirement income
- Unaffordable housing options
- Lack of a “safety net” both social and financial
- Inability to continue working due to poor health or perceived ageism
- A crisis such as job loss, illness, and/or death of a spouse

Seniors between age 55–61 are not eligible for benefits such as Social Security. More than a quarter (26%) of respondents in this age cohort said their age was a barrier to receiving services. Just one-third of this group who said they needed financial help received assistance.

More than half (56%) of surveyed older adults, who indicated a need for additional money to feel rent secure and avoid homelessness, reported an additional $300 or less per month would make the difference between being homed/housed and homeless.

56% of older adults surveyed report an additional $300 or less per month would prevent them from becoming homeless.
Findings

In the absence of this assistance, more than half of participants reported having taken at least one of these measures to afford rent:

Graph 1.0: Sacrifices Made to Afford Rent

<table>
<thead>
<tr>
<th>Sacrifice</th>
<th>Experienced Homelessness</th>
<th>Has not Experienced Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sold personal items and/or medication</td>
<td>34%</td>
<td>8%</td>
</tr>
<tr>
<td>Borrowed money</td>
<td>49%</td>
<td>18%</td>
</tr>
<tr>
<td>Allowed others to live with them even if it felt unsafe</td>
<td>21%</td>
<td>16%</td>
</tr>
<tr>
<td>Gone without food or medication</td>
<td>45%</td>
<td>11%</td>
</tr>
<tr>
<td>Passed on medical care</td>
<td>23%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Half of the older adults who participated in the prevention survey reported having previously experienced homelessness. Two thirds (68%) remain concerned about their ability to afford rent long-term. Half (48%) remain concerned about becoming homeless.

Despite these concerns, 82% are reluctant to live with a roommate to lower housing costs. The remaining 18% were willing to consider having a roommate.

Graph 2.0: Level of Openness to Having a Roommate to Lower Rent

<table>
<thead>
<tr>
<th>Level of Openness</th>
<th>Experienced Homelessness</th>
<th>Has not Experienced Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not open at all</td>
<td>76%</td>
<td>88%</td>
</tr>
<tr>
<td>Somewhat open</td>
<td>16%</td>
<td>9%</td>
</tr>
<tr>
<td>Very open</td>
<td>8%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Findings

FINDING #2: SHELTERS COULD ENHANCE ACCOMMODATIONS FOR OLDER ADULTS

As older adults experience more limitations due to aging, shelter environments do not always offer a good fit.

Examples include:

- Provisions to manage complex health issues;
- Sensitivity to mobility, incontinence, and physical limitations;
- Operational rules requiring older adults to leave shelters during the day with nowhere to go or stand in self-service lines;
- A heightened need for safety and security;
- Staff trained to recognize and address the unique needs of older adults.

As a result, older adults may avoid traditional congregate shelters. Reasons cited by survey participants include crowding, lack of privacy, and higher risk of theft. One respondent recovering from drug addiction reported avoiding shelters to avoid exposure to drug use.

Among those who responded, more than half would prefer a shelter for older adults, or a mixed-age shelter with a designated area for older adults.

Graph 3.0: Preferred Type of Shelter Arrangement

- A mixed-age shelter with age-specific divisions (for example, adults over 55/60/65 together in one wing)
- A mixed-age shelter with no age-specific divisions (all ages together)
- A shelter specifically for older adults (for example, admits only people 55/60/65 and over)
Findings

FINDING #3: PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH OF OLDER ADULTS EXPERIENCING HOMELESSNESS

Other research confirms the health of older adults experiencing homelessness is significantly worse than age-equivalent peers in the general population, such as cognitive, vision, and hearing impairments, and limited ability to perform activities of daily living.

Older adults experiencing homelessness tend to have more chronic health conditions than younger adults experiencing homelessness.

Almost half (46%) of older adults surveyed reported currently struggling with a disabling physical condition. Of those, 40% are not receiving care or treatment. Nearly two out of five respondents (39%) report using or needing at least one mobility device, such as a cane, walker or wheelchair.
Findings

Despite preconceptions about mental illness and substance abuse among the homeless population, only 27% of older adults in this study reported struggling with mental health and only 7% of respondents reported that they struggled with drug or alcohol use. Of those struggling with mental health, about half (56%) reported receiving treatment. Of those struggling with substance abuse, no one reported receiving treatment.

Older adults experiencing homelessness face similar challenges as other age groups accessing mental health and substance use care due to competing basic needs. Cognitive or functional impairments and difficulty navigating and traveling to services can complicate older adults' efforts to get help.

Social isolation presents a significant mental health concern among older adults which affects those experiencing homelessness. Almost half of surveyed older adults (45%) reported experiencing social isolation. They felt lonely, isolated, or cut off from friends and family.

Graph 4.0: Experiencing Social Isolation

- 55–61 years old
- 62+ years old

Of older adults surveyed, 27% reported struggling with mental health and 7% reported struggling with drug or alcohol use.
Findings

FINDING #4: CURRENT SERVICES FOR HOMELESS AND AT-RISK OLDER ADULTS

Multiple community-based and government organizations such as Serving Seniors successfully provide services to low-income and homeless older adults in San Diego. Older adults surveyed reported substantive assistance in several areas including nutrition, health care, help with access to health benefits and household supplies.

However, senior respondents also report challenges gaining access to receive services which delayed support. Transportation, mobility issues, physical health, mental health, and other age-related issues presented the greatest barriers to successfully accessing services.

Service providers who participated in our study concurred with these findings from their observations. Many cited cognitive challenges as another common barrier to older adults accessing services.

All provider sites surveyed reported they serve older adults with over half (55%) of sites offering services specifically for older adults. One in four providers reported older adults make up at least half their clientele.

Yet, despite this frequency, less than half of providers reported they receive gerontological training or are required to have knowledge of or experience with working with older adults.

Graph 5.0: Successful Access to Services

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>% OF TOTAL RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition/Food Distribution</td>
<td>79%</td>
</tr>
<tr>
<td>Medical Care</td>
<td>79%</td>
</tr>
<tr>
<td>Health Benefits</td>
<td>85%</td>
</tr>
<tr>
<td>Personal Hygiene &amp; Material Goods</td>
<td>75%</td>
</tr>
</tbody>
</table>

Transportation, mobility, physical health, and mental health are the greatest barriers to accessing services.
Findings

Eighty-four percent (84%) of service providers reported receiving direct referrals from other providers to assist older adults, but only half consider their effectiveness in providing services to be 'moderately effective (53%).' While one in five report services being 'slightly effective (9%)' or 'not effective at all (9%).'

Gaps in referral pathways can cause unnecessary challenges for older adults trying to access multiple services. Aging well requires a suite of services from basic needs to long-term care. Without appropriate training and improved coordination, referrals and service delivery may suffer.

Many providers also commented on the need for focused funding and tailored resources and tools for homeless older adults, similar to programs for Transitional Age Youth and veterans. Increased investments to improve transportation, outreach efforts, technological assistance, and mental health services was also recommended.

Finally, providers expressed a strong need for more affordable housing with onsite case management specifically for older adults due to their unique needs.

Graph 6.0: Perceived Common Barriers Homeless Older Adults Experience in Accessing Services

- Physical health: 77%
- Disability/mobility issues: 72%
- Mental/emotional health: 72%
- Location/transportation: 66%
- Cognitive: 60%
- Missing legal paperwork: 43%
- Lack of tailored services: 34%
- Stigma: 30%
- Eligibility restrictions based on age: 23%
- Other: 15%
- Language: 15%
Findings

FINDING #5: DIGITAL DIVIDE CREATES BARRIERS

The Digital Divide is real among older adults experiencing homelessness. Most older adults interviewed reported finding out about available resources through word of mouth or referrals from other providers.

Information and resources reportedly remain difficult to access for homeless older adults due to social isolation and technological barriers, such as access to devices, wifi, and familiarity with technology.
Findings

FINDING #6: SAFETY CONCERNS AMONG OLDER ADULTS EXPERIENCING HOMELESSNESS

Fear for their safety while living on the streets is a common theme among surveyed older adults.

A number of older adults surveyed reported suffering from elder abuse, described as physical mistreatment (22%), verbal/emotional mistreatment (29%), neglect (11%), and exploitation (16%) attributed to their older age.

Many participants shared stories about their belongings being stolen including cellphones, wallets, food, and shelter. One of five (22%) reported being a victim of physical assault.

Graph 7.0: Safety Concerns Among Older Homeless Adults

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>% OF TOTAL RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal/emotional mistreatment</td>
<td>29%</td>
</tr>
<tr>
<td>Physical mistreatment</td>
<td>22%</td>
</tr>
<tr>
<td>Exploitation due to age</td>
<td>16%</td>
</tr>
<tr>
<td>Neglect</td>
<td>11%</td>
</tr>
</tbody>
</table>
AGE-FRIENDLY SOLUTIONS

While many of the challenges discussed in this needs assessment are not exclusive to the older adult homeless population, the heightened vulnerability and growing number of older adults becoming homeless in San Diego County spotlights the urgent need to directly address homelessness among this group.
RECOMMENDATION #1: EXPANDING DIVERSION STRATEGIES

Adopt a “Shallow Subsidy” Strategy

Diversion is a nationally recognized best practice designed to immediately address the needs of an individual with a recent loss of housing. Finding safe alternative housing rather than an emergency shelter or other uninhabitable places is the goal. This strategy is particularly relevant for frail, vulnerable older adults who are reticent to access emergency, all-age shelters.

As this study suggests, financial distress is fueling older adult homelessness and a minimal amount of monthly funding would increase rent security and achieve the goal of prevention. Only one-third (36%) of renters aged 62 or older who qualified for some form of federal rental assistance were receiving any.

The “Shallow Subsidy” approach recommends diverting current federal reimbursement funds for emergency shelter beds to an equivalent direct stipend to prevent homelessness.

Currently, the federal reimbursement for one bed at an emergency shelter is $12.50 per person per night, or $375 per month. As noted in this study, $300 per month may prevent half of the older adults surveyed from losing housing and becoming homeless. The diversion of funds from housing someone in a shelter to keeping them housed offers a potential affordable, near-term solution without additional funding.

Making financial subsidies quickly accessible to older adults would allow San Diego County service providers to stabilize a significant portion of older adults at risk of homelessness. It also avoids the higher costs associated with restoring housing or the phenomenon of “sheltering” at hospitals.

Establishing a permanent financial subsidy program for older adults living on a fixed income would prevent this population from losing their housing and/or having to forgo basic needs such as medical expenses, food, or transportation.

$300 per month may prevent half of the older adults surveyed from losing housing and becoming homeless.
Facilitating Social Supports

**Reconnecting older adults with friends or family.** Half of our respondents reported having friends and/or family to move in with when facing the loss of their housing. But many have lost connections with their social support. Providers need to continue leveraging programs that re-engage older adults with friends and/or family before an emergency need arises.

**Shared housing matchmaking.** While older adults generally prefer independent living, shared housing is a viable alternative to emergency shelters or living on the streets. Creating an automated, compatibility matching process for potential shared housing roommates could improve the success and sustainability of home share programs among older adults. This effort could borrow modeling used by colleges to match roommates in dormitories.

Providing a positive experience for the one in five respondents interested in having a roommate, this program could encourage others to try it, reducing both rent burdens and social isolation.
RECOMMENDATION #2: AGE-FRIENDLY SHELTERS

Reconfiguring emergency shelters to be more age-friendly is a smart, achievable near-term solution. It is recommended San Diego conduct a more thorough assessment of how its shelter environments match the needs of older adults.

Areas to explore should include:

- Dedicated space for durable medical equipment and beds for older adults with complex medical needs;
- Policies addressing the health and safety of older adults experiencing frailty or mobility issues;
- Creating partnerships with hospitals, medical and palliative care providers to support onsite recuperative or hospice care programs;
- Assessing the feasibility of creating stand-alone “elder shelters.”
Age-Friendly Solutions

RECOMMENDATION #3: IMPROVE TRAINING FOR SERVICE PROVIDERS

Improving training for all San Diego County service providers on the unique needs of older adults and how to best serve them offers the potential for immediate and achievable improvements in outcomes.

Ensuring all front-line personnel interacting with older adults understand the circumstances and challenges older adults face, as well as having appropriate information to facilitate successful communications, would make services more accessible and age-friendly.

Agencies should consider leveraging and expanding existing trainings, such as those offered by San Diego County’s Aging and Independence Services, Dementia Friends USA, and programs promoting intergenerational concepts.
RECOMMENDATION #4: BRIDGING INFORMATION GAPS

Older adults have difficulty identifying resources available to them and struggle to access them. It is crucial to actively (NOT passively) disseminate information to older adults during direct touchpoints with service providers.

Collaborating with agencies or information hubs to ensure they have the most pertinent information related to aging services and/or staffing resources to personally assist older adults is another near-term solution.

Providing access, classes, and support to help older adults learn how to personally use technology as with the onsite Serving Seniors Gary and Mary West Wellness Center Cyber Café will increase the ability to independently access information on needed resources.

There is also a lack of access to devices, wifi, and public charging stations. One potential solution would be to adopt a program similar to New York City’s “LinkNYC” program. This is the first of its kind communication network. It replaced pay phones across its five boroughs with new structures called Links. Each Link provides fast, free public Wi-Fi, phone calls, device charging, and a tablet for access to city services, maps, and directions.
Age-Friendly Solutions

RECOMMENDATION #5: ADVOCACY FOR POLICY, PROGRAMMATIC, AND FUNDING IMPROVEMENTS

Homeless older adults are underrepresented and overlooked as a subgroup with specific needs. Current initiatives underway to identify gaps and provide support to homeless adults must also keep the unique needs of older adults in mind.

Local Initiatives

The Regional Task Force on Homelessness created an Ad Hoc Committee on Older Adult Homelessness in 2021 to begin examining older adult homelessness and is actively focused on addressing the needs of homeless older adults.

The County of San Diego created an Office of Homelessness Solutions and Equitable Communities and the City of San Diego created its Homelessness Strategies and Solutions Department. Both will focus on streamlining and increasing services for people experiencing homelessness. Placing an emphasis on older adults within this office could create a model for permanent pathways dedicated to studying older adult homelessness and assisting homeless older adults within these offices.

The City of San Diego Community Action Plan on Homelessness. The City’s action plan outlines goals to address homelessness by building a homeless assistance system aimed to increase prevention and diversion. The plan explicitly targets veterans and youth, but not older adults or any specific age group above 55 years old. The Plan should identify and address the needs of this equally vulnerable subpopulation.

Built for Zero. In Spring 2021, Regional Task Force on Homelessness and its partners joined a national initiative called “Built for Zero,” joining 80 communities addressing homelessness among military veterans by creating new strategies to connect all veterans to proper support. The system plans to replicate the approach for other distinct populations. Prioritizing older adults within this initiative would benefit San Diego’s older adults experiencing homelessness.
Age-Friendly Solutions

Modifying Assessments and Supports

**Assessment Tools:** San Diego’s Continuum of Care (CoC) is exploring ways in which assessment tools may or may not be serving older adults experiencing homelessness. One example is the Vulnerability Index – Service Prioritization Decision Assistance Tool or the VI-SPDAT.

The VI-SPDAT scoring matrix does not currently prioritize older adults. Several other studies suggest the VI-SPDAT does not adequately capture an individual’s vulnerability. As an example, since older adults are less likely to present with mental health or drug/alcohol use, they tend to receive a lower VI-SPDAT score and receive recommendations for housing interventions that are not appropriate. Therefore, its usage may serve as a potential barrier for older adults experiencing homelessness to receive assistance.

San Diego should continue to consider methods and assessment tools that prioritize the vulnerabilities of homeless older adults and place a greater weight on the need of older adults to stabilize their housing on a fixed income.

**Coordinated Care:** Four of five (84%) of the prevention survey participants in this study reported case management was ‘somewhat’ or ‘very important’ for them to maintain their housing. According to a nationwide study, older adults who have a case manager to assist with system navigation, resources, and referrals was associated with decreased odds of unmet needs.

Investing in a team of specially trained care coordinators or case managers would be a major step in improving coordination and communication to ensure older adults successfully access services. In addition, the creation of a dedicated service coordinator to identify older adults on existing federal waitlists for services such as Section 8 Housing funds could proactively offer County-level support with care coordination, resource connection and/or diversion resources during the older adult’s waiting period.
Age-Friendly Solutions

Proportional Allocations

By 2030, all Baby Boomers will be over 65. As the number of older adults in the US increases, older adult homelessness in areas with high housing costs like San Diego County will continue to grow. Funding allocations and priorities for homeless services should reflect these trends.

The Office of the California Governor allocated $1 billion for homeless services in 2019, but this funding does not prioritize specific groups. Funding initiatives create an opportunity to advocate for a proportional share to be allocated specifically for services directed at homeless older adults and their unique needs.

Another example is in San Diego County, where a portion of US Housing and Urban Development (HUD) issued Emergency Housing Vouchers was recently allocated to directly assist homeless older adults. This approach accurately reflects the aging of our homeless population and should be present in the majority of eligibility, funding, and program decisions.
Age-Friendly Solutions

RECOMMENDATION #6: CONTINUE TO INVEST IN AFFORDABLE HOUSING FOR OLDER ADULTS

Safe and affordable housing is fundamental to health. San Diego County’s skyrocketing rents and affordable housing shortage present the greatest barriers low-income seniors face. With the average rent in San Diego for a one-bedroom apartment currently $1,995 per month, seniors living on meager fixed incomes are struggling to keep a roof over their heads.

The California Department of Housing and Community Development’s Homekey Program is the next phase in the state’s response to protecting Californians experiencing homelessness who are at high risk for serious illness and are impacted by COVID-19.

Administered by the California Department of Housing and Community Development (HCD), $600 million in grant funding will be made available to local public entities, including cities, counties, or other local public entities, including housing authorities or federally recognized tribal governments within California to purchase and rehabilitate housing, including hotels, motels, vacant apartment buildings, and other buildings and convert them into interim or permanent, long-term housing.

Of the $600 million in Homekey grant funds, $550 million is derived from the State’s direct allocation of the federal Coronavirus Aid Relief Funds (CRF), and $50 million is derived from the State’s General Fund.

San Diego County’s unsheltered and housing insecure seniors need immediate assistance to stop the rise of senior homelessness. Access to age-friendly housing older adults can afford and sustain is at the heart of reducing senior homelessness.
A BRIGHTER FUTURE
A Brighter Future

A GOLDEN OPPORTUNITY TO REDUCE OLDER ADULT HOMELESSNESS IN SAN DIEGO COUNTY

Although homelessness is an increasingly common issue for all age groups, the older adult population faces specific and unique circumstances leading to homelessness including economic stresses, age-related mental and physical health issues, and the Digital Divide.

Serving Seniors sees a golden opportunity to address several easily preventable problems through targeted leveraging of existing resources. Key findings and recommended solutions described in our report offer feasible ways to modernize San Diego’s homeless services to reflect the reality of rapid population growth among older adults.

This needs assessment is not intended to be a comprehensive document. Serving Seniors and its many partners urge further study promoting an even deeper understanding of the findings to encourage more customized solutions.
ADDENDUM
Addendum

ACKNOWLEDGMENTS

Serving Seniors is grateful to the Hearst Foundations for their generous grant funding which made this study possible. We value their partnership driving this catalyst for real change in older adult homelessness in San Diego County. The study would not have been possible without the participation of hundreds of older adults who shared their stories and struggles to enlighten and inform our evaluation. Serving Seniors is grateful to San Diego County’s social services providers who supported this assessment through their input and participation.

• Hearst Foundations
• Regional Task Force on Homelessness
• Alpha Project
• Anna Marie Piconi Snyder
• Catholic Charities
• City of Escondido
• City of Oceanside
• City of San Diego
• City of Vista
• Community Catalysts of California
• Community Research Foundation
• Community Through Hope
• County of San Diego Health & Human Services and Office of the Public Defender
• Dreams for Change
• East County Homeless Task Force (ECHTF)
• Equus Workforce Solutions
• Exodus Recovery, Inc.
• Falcon Valley Group
• Family Health Centers of San Diego
• Father Joe’s Villages
• Homeless-Experienced Advocacy and Leadership Network (HEAL) of the San Diego Housing Federation
• Home Start, Inc.
• Housing Innovation Partners
• Interfaith Community Services
• Interfaith Shelter Network
• Jewish Family Service of San Diego (JFSSD)
• Mance Creative, Inc.
• McAlister Institute
• Mental Health Systems, Inc.
• National Alliance on Mental Illness of San Diego (NAMI)
• People Assisting the Homeless (PATH)
• Oceanside Resources Center
• Rachel’s Women’s Shelter
• Salvation Army
• San Diego Housing Commission
• San Diego Rescue Mission
• San Diego State University
• South Bay Community Services
• Travelers Aid San Diego
• Veterans Affairs (VA)
• Veterans Village of San Diego (VVSD)
• Voices of Our City Choir
• Wakeland Housing and Development Corporation

Serving Seniors thanks Harder + Company and graduate student Kaiti Robinson, San Diego State University School of Social Work, for their diligence in conducting the research for this assessment.
Addendum

DEMOGRAPHICS AND METHODOLOGY

“Older Adult” is defined for this assessment report as someone 55 years old or older.

**Needs Assessment Survey**

**Number of survey participants: 192**

**Age:**
- 55 to 61: 32%
- 62 and up: 68%

**Gender:**
- Male: 55%
- Female: 44%
- Other: 1%

**Ethnicity:**
- White: 44%
- Latinx: 24%
- Black: 17%
- Multiracial: 7%
- Other: 5%
- Native Hawaiian/Pacific Islander: 2%
- Asian: 1%

**Currently Homeless:** 85%

**Prevention Survey**

**Number of survey participants: 178**

**Age:**
- 55 to 61: 32%
- 62 and up: 68%

**Gender:**
- Male: 51%
- Female: 49%

**Ethnicity:**
- White: 51%
- Latinx: 18%
- Black: 15%
- Asian: 10%
- Other: 2%
- Native Hawaiian/Pacific Islander: 2%
Addendum

**Older Adult Experience Interviews**

The study team conducted two rounds of one-on-one experience interviews with older adults who were currently, previously, or at-risk of experiencing homelessness. Interviews provided insights into the experiences of a sample of individuals within San Diego County’s homeless older adult population.

Eleven older adults participated in the experience interviews. Six participants reported being chronically homeless. Four were previously homeless and one reported being at-risk of becoming homeless. The majority identified as men (8) followed by women (2) and transgender (1). Most identified as Black or African American, followed by White, Hispanic or Latino, and Multiracial.

**Service Provider Survey**

Sixty-one providers completed the Provider Survey, representing 40 organization spread among 48 service sites.

Service site locations include the Cities of El Cajon, Escondido, Vista, Carlsbad, Chula Vista, and San Diego.

**Exhibit 1.0: Services Provided***

*Respondents may have selected more than one service.

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>76%</td>
</tr>
<tr>
<td>Documentation Assistance</td>
<td>63%</td>
</tr>
<tr>
<td>Social &amp; Community Connection</td>
<td>61%</td>
</tr>
<tr>
<td>Personal Hygiene &amp; Material Goods</td>
<td>50%</td>
</tr>
<tr>
<td>Nutrition / Food Distribution</td>
<td>50%</td>
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<tr>
<td>Transportation</td>
<td>46%</td>
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<tr>
<td>Employment Development</td>
<td>44%</td>
</tr>
<tr>
<td>Legal &amp; Criminal Justice</td>
<td>24%</td>
</tr>
<tr>
<td>Safety &amp; Disaster</td>
<td>22%</td>
</tr>
<tr>
<td>Education &amp; Human Development</td>
<td>22%</td>
</tr>
<tr>
<td>Activities of Daily Living</td>
<td>22%</td>
</tr>
<tr>
<td>Primary Care / Medical Care / Health Care</td>
<td>20%</td>
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<tr>
<td>Storage of Personal Items</td>
<td>13%</td>
</tr>
<tr>
<td>Utility &amp; Technology</td>
<td>9%</td>
</tr>
</tbody>
</table>
Addendum

SOURCES


www.servingseniors.org  www.hearstfdn.org