A Growing Crisis: Addressing Older Adult Homelessness in California

Final Report

California Senate Office of Research

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Executive Summary

Due to the declining affordability and accessibility of housing for the aging population in California, the number of older adults who are at risk of or who are experiencing homelessness is growing. In collaboration with the California Senate Office of Research, the team conducted a literature review, expert and lived-experience interviews, and an examination of housing programs and models to assess the magnitude of homelessness among older adults and to consider how to provide more equitable policy interventions.

The questions addressed by the California Senate Office of Research team consist of:

1. What are the primary contributors to homelessness among older adults in California?
2. What are the different experiences and needs of older adults experiencing homelessness in California?
3. What are the strengths and weaknesses of state and local programs to address the rise in unhoused older adults in California?
4. What innovative programs and policies internationally, such as intergenerational housing, are effective at reducing the number of older adults experiencing and at risk of experiencing homelessness?
5. What effective and politically feasible policy recommendations can the Senate Office of Research provide California legislators to reduce the number of older adults experiencing and at risk of experiencing homelessness in California?

The California Senate Office of Research team employed a qualitative policy analysis and research approach. A total of 33 interviews were conducted: 13 with homelessness and aging policy experts and California government and agency personnel, and 20 with older adults experiencing homelessness, including two participants who were slightly under 50 but retained because of their proximity to the study threshold. The team used these interviews to analyze the lived experiences of unhoused older adults through a thematic analysis of common patterns. The team also examined the current program landscape through a multi-attribute analysis of the California State and County programs, identifying key program features, funding structures, and service gaps. Finally, the team presented innovative international practices, including their feasibility and transferability to a California context. All of these analyses contributed to thematic findings and recommendations to improve policies for older adults in California.

The report identifies three key recommendations to assist older adults at risk of, and or experiencing, homelessness. First, expanding data collection and reporting systems to capture the scope and characteristics of individuals experiencing homelessness will enable evidence-based policy responses. Second, the state can improve accessibility by reducing administrative barriers and increasing outreach. Finally, the report supports the promotion of intergenerational housing models. Together, these recommendations aim to improve the well-being of older adults and increase system-wide transparency and accountability.

Issue Overview

California faces a growing crisis at the intersection of two converging trends: a rapidly aging unhoused population and a homelessness system that is not equipped to meet the distinct needs of older adults. While nuanced, this surge in the number of unhoused older Californians is driven in part by the aging of the U.S. population. By 2030, more than one in five Americans will be 65 or older, and California is predicted to experience a population shift exceeding the national level by about 5% (Vespa et al., 2018; California Department of Aging, 2025; Ibarra, 2023). The share of older adults experiencing homelessness is growing alongside this demographic shift, with the older adult homeless population expected to triple by 2030. This requires state action to meet the growing, complex physical, social, and financial needs of unhoused older adults (Espinoza et al., 2024; Grenier et al., 2016).

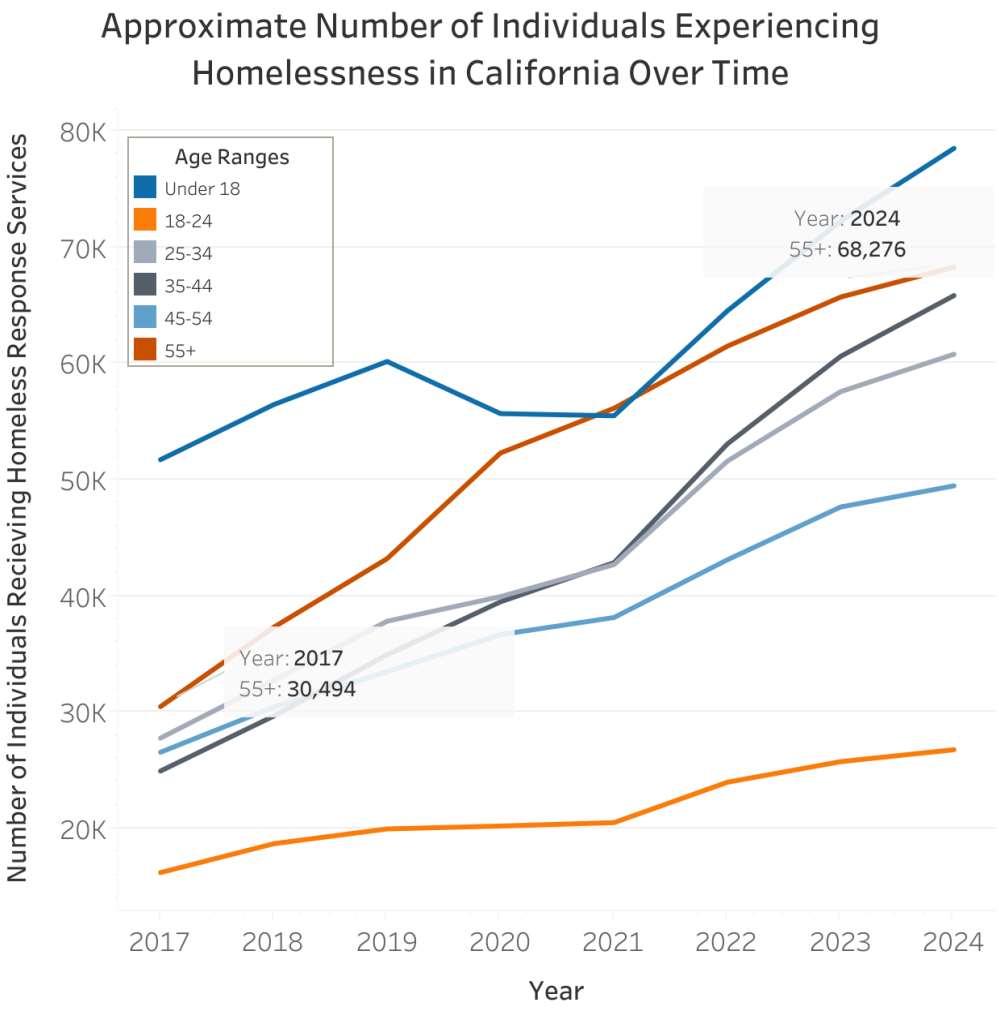
Defining the Population: The "Age 50" Threshold

The traditional definition of an "older adult" — 60+ or 65+ — does not align with the reality of the unhoused population (California Department of Aging, personal communication, February 6, 2026; Dr. Alexis Coulourides Kogan, personal communication, November 3, 2025). Experts note that older adults experiencing homelessness — especially those living unsheltered — experience "accelerated aging," appearing and functioning biologically 20 years older than their housed counterparts (Kelly Bruno-Nelson, personal communication, February 17, 2026; Dr. Alexis Coulourides Kogan, personal communication, November 3, 2025). Unhoused individuals who, by age 50, are functioning biologically as "seniors", yet remain ineligible for age-based benefits such as Medicare until age 65, fall into a critical service gap (Dr. Alexis Coulourides Kogan, personal communication, November 3, 2025). Most researchers and state agencies now use a lower age threshold — 50+ or 55+ — to track this demographic. While this important distinction is not yet reflected in policy, this report will incorporate the lower age thresholds when considering the older adult population.

Scope & Magnitude: Older Adult Homelessness State- and County-wide

California has a disproportionate share of individuals experiencing homelessness in the United States. Despite California's population making up just 12% of the population of the United States, the share of people experiencing homelessness in California accounts for about 30% of the unhoused population and 50% of the unsheltered population in the United States (Kushel et al., 2023). Approximately 42% of adults experiencing homelessness in California were over the age of 50 (California Interagency Council on Homelessness, 2023).

Figure 1. ***Time Series of CA Homelessness Counts by Age***



Source: Homeless Data Integration System (HDIS) Homelessness Count by Age

As seen in Figure 1, the number of older adults experiencing homelessness in California has increased significantly over time. From 2017 to 2024, the number of older adults seeking homelessness services increased by 124%, compared to a 97% increase amongst all age groups (HDIS, 2025). As of 2024, there were approximately 68,276 adults aged 55 and older receiving homeless response services in one of California's 44 Continuums of Care (CoCs). This accounts for just under 20% of the state's total number of individuals experiencing homelessness, which is about 349,612 (HDIS, 2025). The only age group receiving homelessness services at a higher rate than these older adults is the under-18 group. Note that this is statewide data; disaggregating it supports identification of the counties most affected by this crisis, providing a better-informed understanding of the scope of the issue across California.

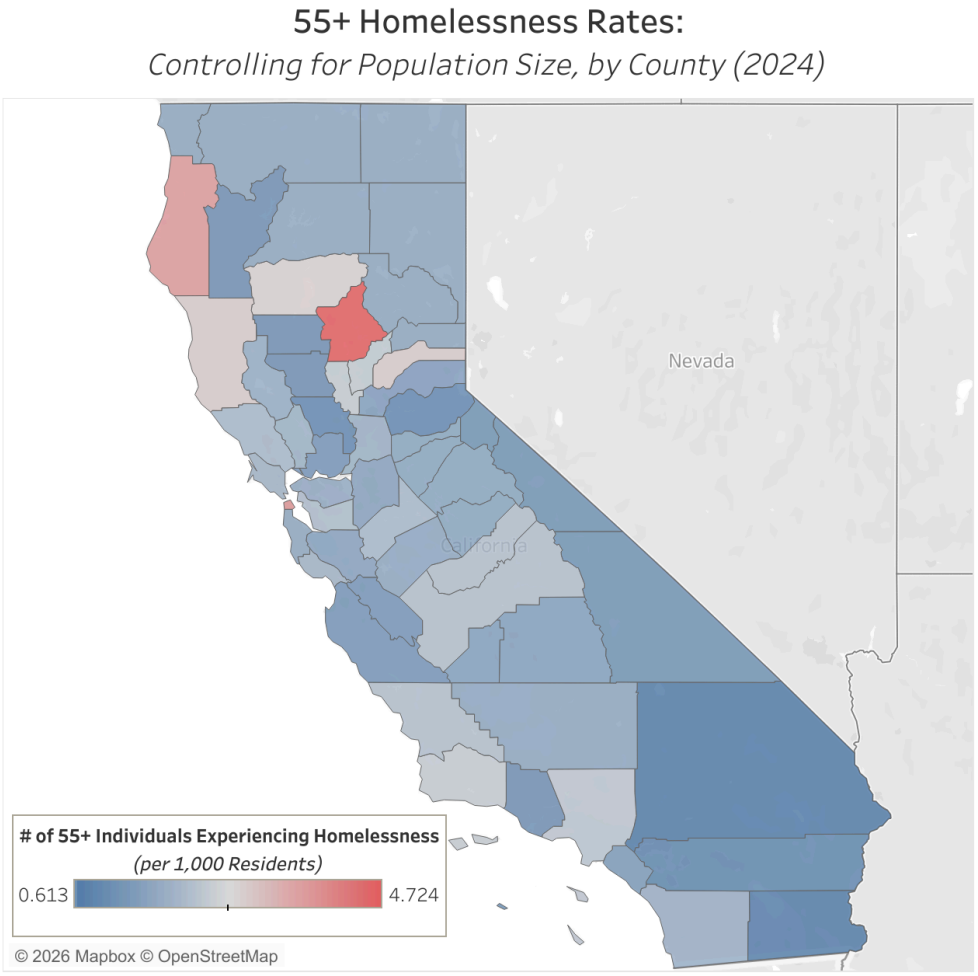
Figure 2. ***California 2024 Homeless Counts by CoC***

County / CoC	2024 (55+)	2024 (<55)	2024 (All)
Top 5			
Los Angeles *(incl. Glendale, Long Beach, & Pasadena CoCs)*	22,552 *(20%)*	90,522 *(80%)*	113,074
San Diego	5,933 *(21%)*	21,828 *(79%)*	27,761
Orange	4,345 *(19%)*	18,494 *(81%)*	22,839
Alameda	3,446 *(23%)*	11,779 *(77%)*	15,225
San Francisco	3,223 *(14%)*	19,439 *(86%)*	22,662
Bottom 5			
Tehama	182 *(26%)*	531 *(74%)*	713
Imperial	121 *(7%)*	1578 *(93%)*	1,699
Lake	117 *(35%)*	213 *(65%)*	330
Colusa, Glenn, Trinity	74 *(12%)*	524 *(88%)*	598
Alpine, Inyo, Mono	38 *(26%)*	110 *(74%)*	148

Source: Homeless Data Integration System (HDIS) Homelessness Count by Age

As seen in Figure 2, Los Angeles County has the highest number of homeless individuals aged 55 and older – at 22,552 – and overall – at 113,074 (HDIS, 2025). However, this statistic is not surprising as it is the most densely populated county in the state. San Diego and Orange Counties, also densely populated, round out the top three in terms of homelessness counts at 5,933 and 4,345 older homeless adults, respectively. Figure 2 also highlights the five CoCs with the lowest homelessness counts amongst older adults. The CoC for Alpine, Inyo, and Mono Counties reported the fewest older adults receiving homelessness services at 38 individuals. Like counties with the highest reported homelessness counts, counties reporting lower figures also have smaller populations. While these figures are largely unsurprising, as they align with population size, they are important for understanding where the highest service-delivery burden is across the state.

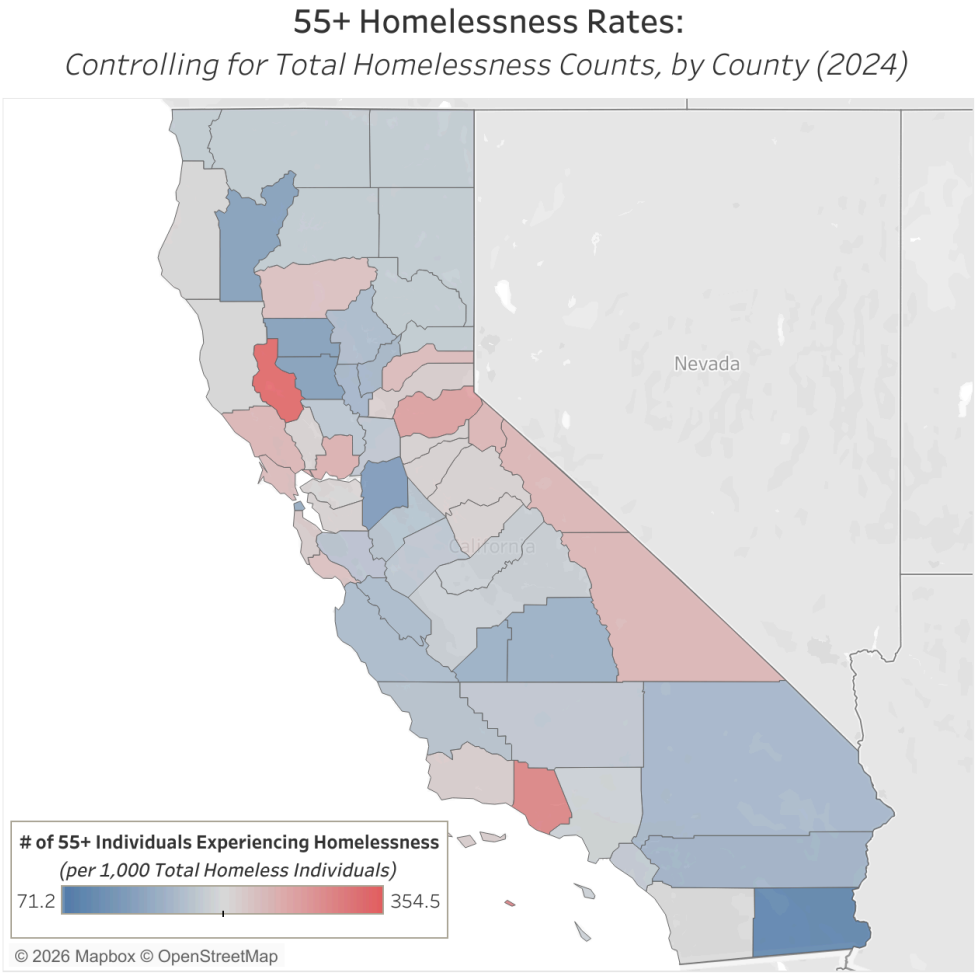
Figure 3. ***CA Homeless Rates Among Adults 55+ (by Population Size)***



Source: Homeless Data Integration System (HDIS) Homelessness Count by Age

Figure 3 shows which counties in California have the highest homeless rate among older adults relative to each county's population size, revealing dramatic outliers in the northern part of the state. Butte County CoC has by far the highest older adult homeless rate amongst all CoCs, at 4.7 unhoused individuals per 1,000 residents (HDIS, 2025). Humboldt County CoC has the third highest at just under 3.8 older adults experiencing homelessness per 1,000 residents. The deeper red shading in the northern region of the state characterizes both Butte and Humboldt County. As they stand alone, Butte County ranks 17th and Humboldt County 27th in overall homelessness counts. The San Francisco CoC confronts particular challenges, with the second-highest older adult homelessness rate at 3.8 homeless older adults per 1,000 residents and the fifth-highest homeless count overall. While Humboldt and Butte counties are notable for the concentration of their counts, San Francisco faces a particularly acute older adult homelessness crisis, where both the overall scale and the concentration of these homelessness rates are severe.

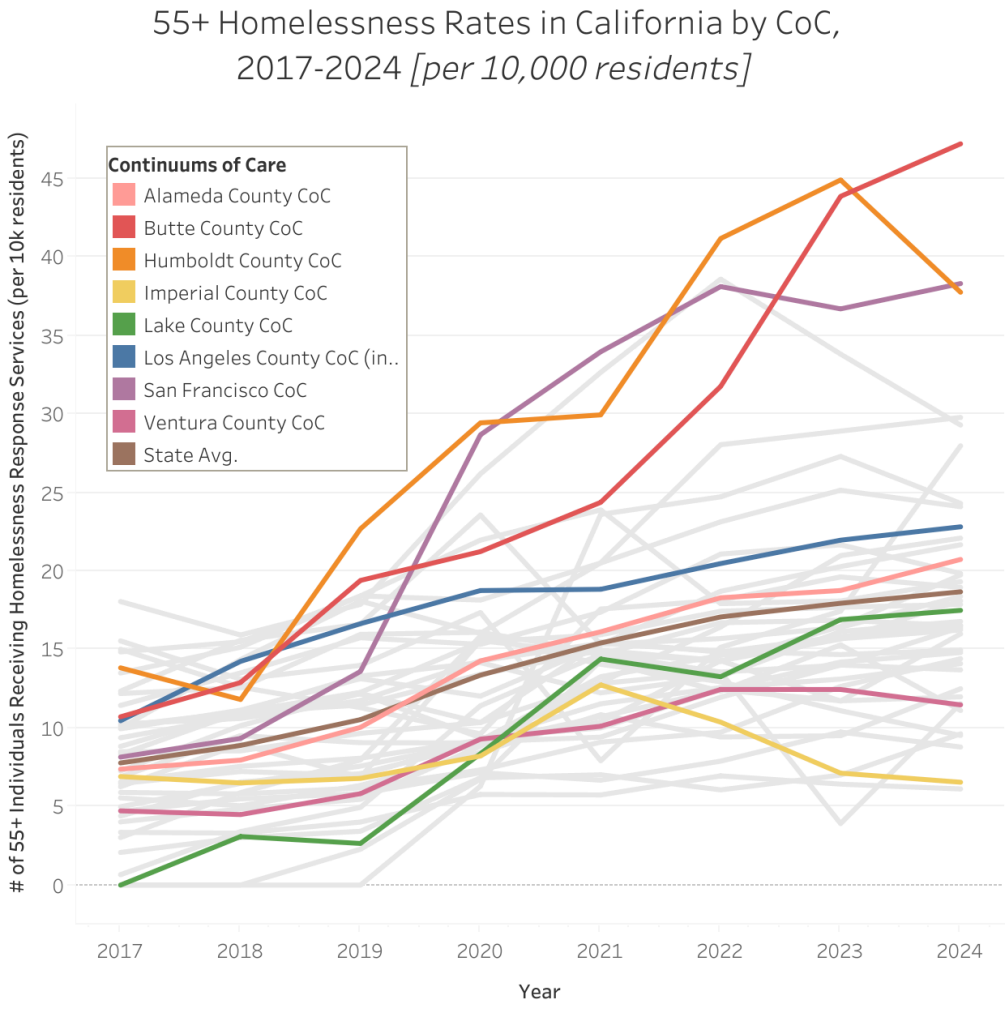
Figure 4. ***CA Homeless Rates Among Adults 55+ (by Homelessness Counts)***



Source: Homeless Data Integration System (HDIS) Homelessness Count by Age

This county-level analysis also reveals the counties in which older adult homelessness makes up an above-average portion of the total homelessness population (Figure 4). In Lake County, there are approximately 355 adults aged 55 and older experiencing homelessness per 1,000 homeless individuals in the county. Ventura also experiences a particularly high concentration of older adult homelessness, with just about 318 older adults receiving homelessness services per 1,000 total homeless individuals in the county. Lake and Ventura are both characterized by deep red shading; however, they are located in northern and southern California, respectively. Conversely, in Imperial, there are only about 71 older adults per 1,000 homeless individuals receiving services in the county. Imperial appears on the map as the darkest shade of blue, located in the southernmost region of the state. While this data has proven impactful in understanding where homelessness is most acute by county, a trend analysis has provided further insight into how this crisis has evolved and will continue to evolve.

Figure 5. ***A Time Trend Analysis of Homelessness in California***



Source: Homeless Data Integration System (HDIS) Homelessness Count by Age

Over the last seven years, CoCs have experienced varying degrees of change in older adult homelessness. Figure 5 highlights key CoCs with notable homelessness trends over the past seven years. Butte — already with the highest concentration of older adult homelessness — saw the largest percent increase over the years despite minimal total counts, with an increase of around 37 older adults experiencing homelessness per 10,000 residents since 2017. San Francisco — with a high concentration and large scale of older adult homelessness — saw the second-highest rate of increased homelessness since 2017, at around 30 older adults per 10,000 residents. Humboldt — also with a high concentration of older adult homelessness — experienced a similarly concerning 24-point increase, with a concerning COVID-era spike; however, recent data indicate that its homelessness rates have begun to decline. Despite reporting 0 older adults experiencing homelessness in 2017, Lake has since experienced an increase of approximately 18 older adults experiencing homelessness, driving its high concentration of older adult homelessness, despite smaller overall homelessness figures.

Statewide, this graph visualizes a steady increase over the past seven years of just under 11 older adults experiencing homelessness per 10,000 residents on average. Three counties of note have trend lines at or below this average: Los Angeles, Alameda, and Ventura. Despite having the largest number of older adults experiencing homelessness, Los Angeles County saw its rate increase by approximately 12 older adults over the last seven years. Alameda, despite having a higher magnitude of older adult homelessness, experienced around a 13-point increase, just about average. Ventura, despite a high concentration of older adult homelessness, experienced only about a 7-point increase over the last seven years. Imperial is the only county to see a decrease in older adult homelessness over the last seven years, with a change of approximately 0.4 fewer older adults per 10,000 residents since 2017.

Local Gap Shelter Capacity

Analyzing homelessness counts alone does not provide a full picture of the issue. Examining the breakdown of sheltered and unsheltered homelessness persons, alongside the number of available beds reported by each CoC, allows for a more comprehensive analysis.

Figure 6. ***Count of Sheltered and Unsheltered Homeless Persons***

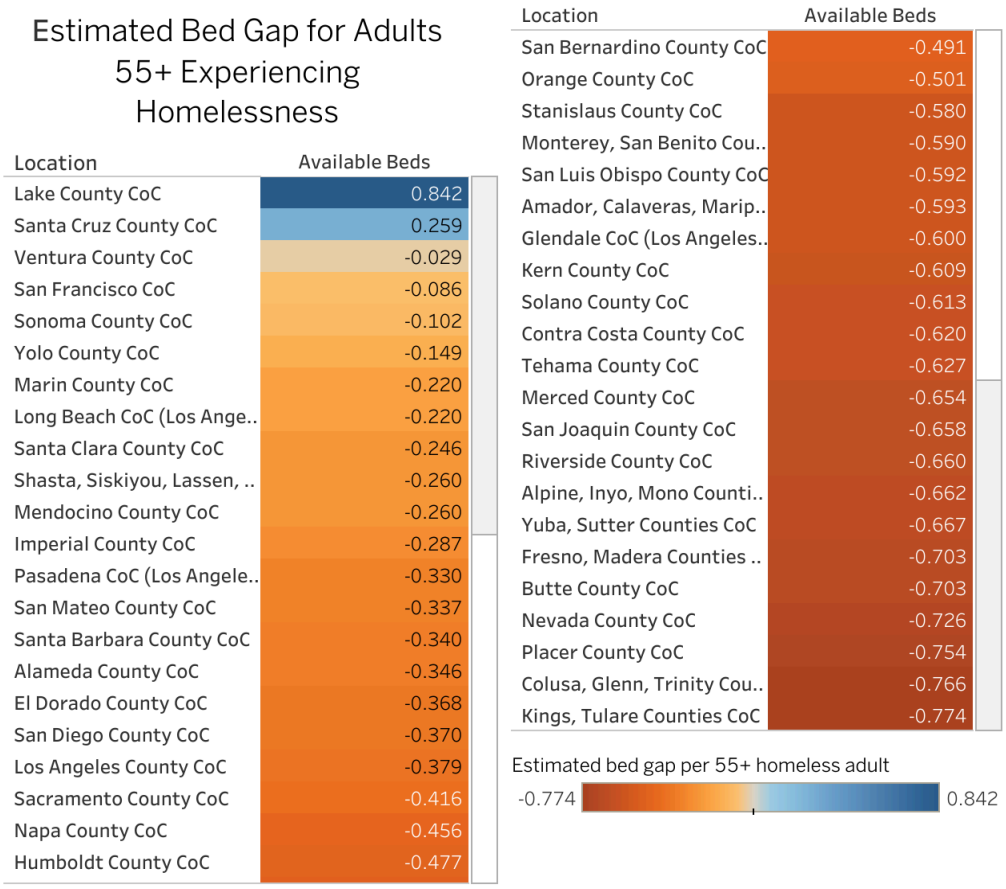
County / CoC	Emergency Shelter	Transitional Housing	Unsheltered	Total
Adults 55+	12,751 *(27%)*	1,753 *(4%)*	31,969 *(69%)*	46,473
Total Homeless Persons	52,415 *(28%)*	10,695 *(6%)*	123,97 *(66%)*	187,084

Source: HUD 2024 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

In 2024, HUD reported 46,473 older adults experiencing homelessness *(Figure 5)*. Of those individuals, 12,751 were in emergency shelters, 1,753 were in transitional housing, and 31,969 were unsheltered (HUD, 2025). That is 69% of the older adult homeless population, and it is indicative of a severe shortage of necessary resources to support these individuals.

HUD's Housing Inventory Report provides additional information on the available beds across California CoCs. Los Angeles County has the most available beds at 63,462, while Alpine, Inyo, and Mono Counties have the least, at 50. Taken at face value, it could appear that Los Angeles County is doing much better than Alpine, Inyo, and Mono. However, with a homeless population of around 113,074, this is still a severe shortage of available space in Los Angeles County. At those counts, the available beds only cover about 56% of the demand (HUD, 2025). Therefore, a gap index can better inform where the problem is most acute.

Figure 7. ***Bed Gap Index***



Source: HUD 2024 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report

Figure 7 presents a bed gap index across all 44 CoCs in California. This index was calculated by first determining the share of the total homeless population aged 55 and older, then applying that proportion to the total number of available beds. The resulting figure represents the number of beds this older adult population would receive if allocated proportionally—a theoretical best-case scenario rather than a reflection of current practice. The difference between this proportional allocation and the actual 55+ homeless count for each county yields the identifiable bed gap. To enable meaningful comparison across CoCs of varying sizes, this gap was normalized as a proportion of each CoC's 55+ homeless population.

To illustrate, Lake County CoC has 117 individuals aged 55 and older experiencing homelessness out of a total homeless population of 330, meaning older adults comprise approximately 35.5% of the CoC's homeless population. Applying this proportion to the 608 total available beds yields roughly 215.6 beds that this population would receive under proportional allocation. The difference between this figure and the actual 55+ count (215.6 - 117 = 98.6) represents the bed gap. Here, it indicates a surplus, with the available beds exceeding the number needed to accommodate the older adult population proportionally. Normalizing by dividing this gap by the 55+ count (98.6 ÷ 117) produces a final index value of 0.84.

This revealed that only two CoCs are operating in a bed surplus: Lake and Santa Cruz. In Lake County, for every older adult experiencing homelessness, there is a 0.84-bed surplus. For a county with a high concentration of older adult homelessness, this is critical. However, the majority of CoCs in California are operating in a deficit. In Los Angeles County, where this crisis is on the largest scale, there is a 0.38-bed deficit per older adult experiencing homelessness. This suggests that if available beds were allocated proportionally to the 55+ population in need, only 62% of that population could be housed. Butte is important to note as it was previously identified as having the highest older adult homeless rate amongst all CoCs. Therefore, it is concerning that under proportional allocation, available beds would cover only approximately 30% of the older adult homeless population in this CoC. This is a similar concern for Fresno and Madera counties' CoC, which has an equivalent deficit while experiencing a steady rise in homelessness counts.

Overall, these findings highlight that not only is older adult homelessness significant in California, it is also unevenly distributed across counties, and further compounded by disparities in the available beds before even beginning to consider other services. While large urban counties often garner attention for the sheer size of their numbers, rural counties usually face disproportionately high counts of homelessness that go overlooked due to the smaller overall population. These findings suggest that more attention must be paid to these smaller counties, despite their limited resources and lobbying power, as the crisis is just as significant, if not more so, in rural areas, where it may be less visible to the public.

Primary Drivers and Pathways into Homelessness

Homelessness amongst the 55+ demographic is often caused by a “perfect storm” of economic and health-related triggers. That said, the primary driver is widely recognized as the extreme cost of housing and the lack of affordable supply in California (Dr. Kate Wilber, personal communication, October 28, 2025). Furthermore, the California Master Plan for Aging identified housing and the impacts of economic challenges as key drivers of homelessness among older adults (Lallian et al., personal communication, February 6, 2026). Many newly unhoused older adults are blue-collar baby boomers who lacked sufficient retirement savings or lost their homes during a prior economic crisis, leaving them unable to manage rising rents on a fixed income. Programs such as SSI provide individuals with roughly $1,200 per month, which is insufficient to cover rent in most California markets (Dr. Kate Wilber, personal communication, October 28, 2025). While the general cost-of-living crisis is pervasive, first-time homelessness after age 50 is often triggered by a specific crisis.

Some of the most prevalent precipitating events driving older adults into homelessness include: the death of a spouse, sudden job loss, a medical emergency, or the death of a person for whom the individual was the primary caregiver (Kelly Bruno-Nelson, personal communication, February 17, 2026; Dr. Kate Wilber, personal communication, October 28, 2025). Additional persistent factors, including chronic illness, mental health disorders, and substance abuse, make it difficult for some to maintain employment or manage finances, further driving housing instability (particularly amongst Vietnam veterans) (Dr. Kate Wilber, personal communication, October 28, 2025; California Department of Aging, personal communication, February 6, 2026). Approximately 40% of unhoused older adults first experienced homelessness at the age of 50

years or older, citing past adverse childhood experiences and exposures as a contributing factor (Lee et al., 2017).

There is also a significant racial disparity in unhoused older adult populations. While Black older adults comprise just 6% of California's older adult population, they account for 31% of the unhoused older adult population (Espinoza et al., 2024). Similarly, despite accounting for just 0.3% of the older adult population in California, Native American and Indigenous older adults make up approximately 3% of the population of unhoused older adults. These systemic disparities in housing accessibility are likely exacerbated by systems of oppression and historical policies such as redlining and discriminatory lending practices (Fowle, 2022). Overall, these compounding factors that disproportionately increase the probability that older adults experience homelessness reveal the gaps in existing policies, which fail to address the underlying concerns, vulnerabilities, and systemic disparities that decrease housing accessibility for older adults.

The Unique Needs of Older Adults

Older adults experiencing homelessness face compounding disadvantages. Being older intensifies the harms of homelessness, while homelessness accelerates aging-related decline. This “double jeopardy” leaves older adults with health profiles comparable to those of housed adults 20 to 30 years older (California Interagency Council on Homelessness, 2023; Dr. Alexis Coulourides Kogan, personal communication, November 3, 2025; Kalra et al., 2023; Om et al., 2022). The result is a uniquely vulnerable population with higher rates of complex behavioral and physical needs that California legislators must address.

It is also important to consider that not all older adults experiencing homelessness share the same circumstances. Experts emphasize the importance of distinguishing between those who are chronically homeless and those who are newly homeless (Dr. Alexis Coulourides Kogan, personal communication, November 3, 2025; Dr. Kate Wilber, personal communication, October 28, 2025). The U.S. Department of Housing and Urban Development defines a chronically homeless individual as someone with a disability, living somewhere “not meant for human habitation,” who has been continuously unhoused for at least a year, or has experienced homelessness four times in three years (U.S. Department of Housing and Urban Development [HUD], 2016). In California, only 41% of unhoused older adults meet all three criteria, yet up to 76% satisfy the time-based threshold alone (Espinoza et al., 2024). The age at which someone first experiences homelessness also matters significantly. Those who became homeless before age 50 face greater incarceration and mental health challenges than the older Californians who became homeless after turning 50 (Espinoza et al., 2024).

Newly homeless older adults tend to be more vulnerable than those experiencing chronic homelessness. Having not yet developed the coping strategies and adaptive skills that longer-term unhoused individuals acquire over time, they often require more immediate housing placement (Dr. Alexis Coulourides Kogan, personal communication, November 3, 2025). Living conditions compound this vulnerability. Approximately 79% of unhoused older adults have gone unsheltered for multiple nights, with only 21% sleeping in vehicles, leaving most of this population exposed to the elements and at heightened risk (Espinoza et al., 2024). Effective

policy solutions must be responsive to individual distinctions, rather than treating older adults experiencing homelessness as a monolith.

Framing the Analysis

The preceding analysis surfaced three core findings. First, homelessness among adults 55 and older has grown dramatically in recent years, faster than any other age group, with the exception of those under 18. And this population faces particularly acute needs due to the accelerated aging process that accompanies experiencing an extended period without shelter. Second, while the sheer number of individuals experiencing homelessness is highest in urban counties, the burden is most concentrated in rural counties, where the crisis is often less visible. This is still equally challenging, as the affected counties often have limited fiscal resources and lack the robust nonprofit infrastructure found in more urban counties. Third, a severe gap in shelter capacity exists statewide, with the deficit most acute in rural counties. The gravity of the deficit across the state suggests that many counties lack the capacity for independent development, and intervention at the state level is thus required to support them.

These findings raise critical questions about the drivers of this crisis, the distinct needs of those experiencing it, and what policy responses have proven effective. The following methodology section describes how the California Senate Office of Research team approached these questions through qualitative research, stakeholder interviews, and an international comparative policy analysis.

Methodology

The California Senate Office of Research team conducted a qualitative research study on the need for improved California policy to assist older adults who may be at risk or experiencing homelessness. The Senate Office of Research team collected qualitative data through interviews with stakeholders, including experts, state and local agencies, and older adults experiencing homelessness. Additionally, a thematic analysis was conducted on the insights of older adults experiencing homelessness. The team also reviewed how services are currently provided and assessed the strengths and weaknesses of selected state and local programs. An International Program Analysis and a Comparative Policy Transfer Analysis were also employed in the research project to assess innovative international models to reduce older adult homelessness. Key research questions that were a focus of the report are:

Research Questions

1. What are the primary contributors to homelessness among older adults in California?
    a. How do we define homelessness?
    b. How do we define older adults in this context?
    c. Where is the increase in unhoused older adults most prevalent, and why?

2. What are the different experiences and needs of older adults experiencing homelessness in California?
    a. How do the experiences and needs differ between sheltered and unsheltered unhoused older adults in California?
    b. How do the experiences and needs differ between older adults experiencing chronic homelessness versus late-onset homelessness?
    c. How do intersecting vulnerabilities, such as chronic health conditions, race, and gender, affect the needs and experiences of unhoused older adults?

3. What are the strengths and weaknesses of state and local programs to address the rise in unhoused older adults in California?
    a. How are state and local programs addressing the rise in unhoused older adults in California?

4. What innovative programs and policies nationwide and internationally, such as intergenerational housing, are effective at reducing the number of older adults experiencing and at risk of experiencing homelessness?
    a. Do these interventions have both internal and external validity, making them valid counterfactuals for the California context?
    b. What were the political, economic, and social drivers for the implementation of the intervention?
    c. What were the short and long-term impacts of the interventions?

5. What effective and politically feasible policy recommendations can the Senate Office of Research provide California legislators to reduce the number of older adults experiencing and at risk of experiencing homelessness in California?

a. What is the political will and motivation to address different subgroups of unhoused older adults?
b. How can we leverage existing policies to make them more effective for older adults experiencing homelessness?
c. How will we measure the short and long-term effects of our proposals?

Evaluative Criteria

To evaluate both existing programs and potential policy recommendations to address older adult homelessness in California, we employ a structured evaluation framework organized around three core criteria: efficiency, effectiveness, and feasibility. These criteria were selected to reflect the complex, resource-strained environment in which California policymakers operate, alongside the distinct vulnerabilities of older adults experiencing homelessness. Taken together, they will provide a consistent basis for assessing the Multi-Attribute Analyses of California state and county programs, the International Program Analyses, and the final policy recommendations.

Efficiency

Given California's budgetary constraints, cost-effectiveness serves as a foundational evaluative criterion. Cost-effectiveness is measured as the ratio of program expenditures to measurable housing and health outcomes, such as cost per person housed and documented reductions in emergency service utilization. Reliable cost-effectiveness data is often difficult to obtain, posing methodological challenges to measuring program effectiveness. In these circumstances, the team draws on program capacity, funding levels, and the number of persons served as proxies.

Effectiveness

Effectiveness is evaluated across three sub-criterion: non-monetary benefits and costs, equity implications, and stakeholder needs. Non-monetary benefits include improvements in physical and mental health, functional independence, and dignity. Non-monetary costs include administrative burdens such as requirements for a permanent address or government-issued identification that make it hard for people to access the very programs designed to help them. The equity inclusion ensures our recommendations do not exacerbate existing disparities across race, geography, and age eligibility. Finally, stakeholder needs are assessed across older adults experiencing homelessness, state agencies, service providers, and community stakeholders, all of whom have overlapping and sometimes conflicting definitions of success.

Feasibility

Feasibility is assessed across political, budgetary, and social dimensions. Political feasibility examines alignment with current priorities, such as the Master Plan for Aging, vulnerability to NIMBYism, and durability amid changes in administration. Budgetary feasibility recognizes that a program may be cost-effective yet unfundable within California's fiscal environment; therefore, we must evaluate whether programs or policy solutions fit within existing budget constraints. Finally, social feasibility assesses the extent to which programs can secure the community support needed for long-term sustainability.

Assessment of the Current Service Environment

To inform policy development, the team identified a set of state and local programs for system assessment with respect to service approach, capacity, and strengths and weaknesses. While a rigorous cost-effectiveness evaluation was beyond the scope of this research, the team used multi-attribute analysis to systematically compare program features against a consistent set of criteria. These analyses investigate key features of programs at the state and local levels to provide information on the current service environment and to identify approaches to reduce homelessness and improve the well-being of older adults at risk of or experiencing homelessness.

Interviews

The California Senate Office of Research team conducted 33 qualitative interviews. The first set of interviews was with 13 experts, nonprofits, and agencies in aging and homelessness policy. For further context, interviews were conducted with the California Commission on Aging and the California Master Plan of Aging, CalOptima Health, a professor from the University of Oregon, and professors from the University of Southern California (USC), including the Leonard Davis School of Gerontology, the Keck School of Medicine, and the Sol Price School of Public Policy. The USC Homelessness Policy Research Institute was also interviewed. The recruitment of interviewees involved reaching out to experts and state and local agencies via email and through recommendations. Interviews were held over Zoom and lasted approximately 45 minutes each. Interview protocol and questions from experts, agencies, and organizations can be located in (Appendix B: Interview Protocol - Organizations).

Furthermore, the second set of interviews conducted by the California Senate Office of Research team was with 20 older adults aged 50 and over who were experiencing homelessness (2 participants were close to 50 years old and remained in the study). Interviewees were recruited in partnership with the National Health Foundation (NHF) and approved by the USC Institutional Review Board. The interviews were held at the NHF recuperative care facilities:

- Pico-Union at 1032 W. 18th Street, Los Angeles, CA 90015
- Glendale at 335 Mission Road, Glendale, CA 91205
- Ventura at 2145 E. Harbor Blvd, Ventura, CA 93001
- Arleta at 9120 Woodman Ave., Los Angeles, CA 91331.

A script was provided to the directors at each NHF recuperative care facility for recruiting participants for each interview. (See Appendix C: National Health Foundation Script for Recruitment). Interviews were approximately 20 to 30 minutes each, and participants received a $20 Visa gift card in gratitude for their participation. More information on interview protocol and questions from older adults experiencing homelessness can be located in (Appendix D: Interview Protocol - Older Adults). These interviews informed findings by providing a perspective on the lived experience of individuals experiencing homelessness. Additionally, please refer to Appendix E: Stakeholder Summary for an overview of our interviewed stakeholders' interests and power/influence in addressing older adult homelessness.

Ethical Considerations for Interviews

Ethical considerations regarding data were applied during qualitative interviews. The project involved two groups of interview subjects: experts, state and local agency stakeholders, and older individuals experiencing homelessness. The interviews with experts and state and local agency stakeholders were not considered subject to human subjects' review because the questions were not "about them" but rather focused on expert observations regarding aging and homelessness policy. In contrast, the interviews with service recipients aimed to learn from their lived experience and, as such, fall into the category of exempt human subjects research. The team sought approval from the USC Institutional Review Board for this set of interviews under the exempt category. In all cases, the interviews were low risk, and the team obtained informed consent from all interview respondents. In addition, it was clear that the interviews were voluntary and that interviewees could skip questions or have questions repeated and clarified. Confidentiality of interview data was maintained, and expert and agency interviewees were not identified by name in the report without their permission. Additionally, during interviews with vulnerable human participants, the California Senate Office of Research team adhered to the informed consent protocol, which required the use of pseudonyms in the research analysis to protect participants' privacy. Pseudonyms for participants were reflected as Subjects 1 through 5 (Ventura NHF recuperative care facility), Subjects 6 through 10 (Arleta NHF recuperative care facility), Subjects 11 through 15 10 (Glendale NHF recuperative care facility), and Subjects 16 through 20 (Pico Union NHF recuperative care facility).

Thematic Analysis

This analysis uses a qualitative approach to explore the perspectives of adults aged 50+ experiencing homelessness and their specific lived experiences in relation to the services they use and the drivers of homelessness. The 20 interviews conducted at the National Health Foundation facilities were designed to highlight and place older adults experiencing homelessness at the forefront, presenting their narratives firsthand. The data from these interviews were examined using thematic analysis to generate insights and identify common patterns.

The development of the thematic analysis resulted in an inductive approach. All interview transcripts and audio recordings were read multiple times to become familiar with the data. The interviews were then analyzed to identify themes across the multiple questions, and all responses were coded by subject number. This enabled the emergence of shared themes among participants, reflecting their experiences.

California State Programs

The examination of California state programs focused on current interventions that assist with aging populations and individuals at risk and/or experiencing homelessness, including older adults. This examination provides a program overview and information about funding and eligibility for the services that California provides to reduce homelessness, including for older adults. The analysis focused on four state programs: Home Safe, Housing and Disability

Advocacy, Homekey+, and Community Care Expansion (CCE). The selection of the Home Safe Program and the Housing and Disability Advocacy Program (HDAP) was based on the client's noted interest in these programs. The Home Safe program assists individuals from Adult Protective Services, and HDAP assists individuals at risk and/or experiencing homelessness who have disabilities. The decision to examine the Homekey+ Program was based on a recommendation from an interview with Policy and Research Analyst Patrick Smith of the California Commission on Aging. The Homekey+ Program is a permanent housing program that assists veterans and individuals who are at risk of or who are experiencing homelessness and have mental health challenges. Furthermore, the selection of the (CCE) Program was in the interest of the California Senate Office of Research team, analyzing how California is expanding housing and continuum of care facilities for adults and older adults, a part of Supplemental Security Income/State Supplementary Payment (SSI/SSP) or Cash Assistance Program for Immigrants (CAPI).

California County Programs

To inform the landscape of programs in California serving older adults experiencing homelessness, a case-by-case assessment was conducted across selected Continuums of Care (CoCs). The Butte, Lake, San Bernardino, and Imperial Continuums of Care were selected based on population-adjusted comparisons of individuals aged 55 and older experiencing homelessness, representing both higher- and lower-concentration areas. The Butte County CoC was selected because it reported the highest rates of older adults experiencing homelessness relative to both county population and adults aged 55+ within that county for the 2025 Point-In-Time count. Similarly, Lake County CoC was selected for having the highest number of individuals experiencing homelessness aged 55 and older compared to those experiencing homelessness within their respective counties in 2025. On the contrary, Imperial County CoC was selected because it reported the fewest older adults experiencing homelessness relative to both the county population and the number of adults aged 55+ in that county in the 2025 Point-In-Time count. San Bernardino County CoC was selected for having one of the lowest population-adjusted rates of homelessness among adults aged 55 and older compared to its total population in 2025.

Continuum of Care (CoC) measurement frameworks classify assistance services into five broad categories during inventory counts: emergency shelters, transitional housing, rapid rehousing services, permanent supportive housing, and other permanent supportive housing. Accordingly, these five types of assistance were selected to investigate the roles these programs play in supporting older adults. Programs were chosen based on the number of available adult beds reported in the 2024 HUD Point-In-Time inventory count, with priority given to those that offered the greatest capacity within each assistance type.

A multi-attribute analysis was conducted to assess the services provided by programs within their respective communities, given the wide range of multifaceted support available to older adults. This approach allows for systematic comparisons across programs using consistent criteria, providing a clearer assessment of interventions. The resulting multi-attribute tables highlight key program characteristics, including eligibility requirements, funding sources, capacity-to-need ratio for adults aged 55 and older, and identified strengths and limitations.

The county-level analysis was conducted using the following:

- **Program Type** - Defined according to the U.S. Department of Housing and Urban Development (HUD) Point-in-Time(PIT) classification system, which categorizes facilities by assistance type at the county level.
- **Eligibility** - Determined based on the criteria outlined on each program website, including any stated requirements for qualification.
- **Funding Sources** - Identified through information provided on programs' websites, including federal, state, and local funding, as well as additional sources like grants or non-profit assistance.
- **Capacity-to-Need Ratio (Adults Aged 55+)** - This measure is calculated by dividing the total number of available adult designated beds reported in the 2024 Point -in-Time Count by the total number of individuals aged 55 and older experiencing homelessness within each Continuum of Care (CoC) selected. This reflects the extent to which existing housing resources meet the level of demand for this population. While facilities do not always specify units exclusively designed for older adults, adult-only beds serve as a proxy to provide a more targeted estimate of capacity relative to need.
- **Strengths and Limitations** - Identified by the program's structure, funding, and intended service delivery described on the program's website, county Continuum of Care websites, and county department reports.

Appendix A1-A4 presents four tables highlighting the measures described above.

International Models

To evaluate existing international interventions that mitigate and prevent homelessness and housing instability among older adults, three effective and innovative models were analyzed based on the programs' features, contextual conditions, and implementation strategies that contributed to their success. This method does not directly compare outcomes across countries to determine the program's success or whether California should seek to adopt similar programs. Rather, the purpose of this analysis is to identify policy approaches that scholars and policymakers have deemed successful in reducing the number of older adults experiencing homelessness, and to assess their potential applicability and translatability to California at either the state or local level. To achieve this, a two-stage analysis was conducted. The first stage analyzed the international program and model in their original policy contexts to understand how the programs operate, which populations they serve, and what factors contributed to their success. The second stage evaluated the conditions that made the program successful and then compared the model to the demographic, fiscal, political, and institutional environment in California to determine whether it is feasible and desirable for adoption.

The three cases selected for analysis are Finland’s national Housing First strategy, Australia’s specialized residential aged care programs, and Germany's and Poland’s intergenerational co-housing programs. These three models were selected based on three conditions. First, the policy must have demonstrated effectiveness in its original contexts, meaning it produced measurable improvements in housing stability or in reducing homelessness. Second, they must be distinct interventions, with differing approaches and purposes, political and fiscal feasibility, and sustainability, allowing for analysis of different pathways and methods for preventing and mitigating older adult homelessness. Third, the cases must be relevant to older adults experiencing homelessness.

International Program Analysis

To evaluate and compare international models in their existing contexts, a structured comparative framework was employed, comprising four dimensions that influence program implementation and effectiveness. First, the policy design of all three programs was documented. This consisted of an analysis of the program's target population, eligibility criteria, housing model, service delivery structure, and service integration with health care and social services. Next, the programs were analyzed based on their funding mechanisms, including the level of government responsible for funding and the cost savings achieved. The demographic contexts were also considered, including the size and growth of the older adult and homeless populations. Finally, the political environment surrounding homelessness policy in each country was examined by reviewing the government's commitment to reducing homelessness among older adults, the level of political consensus, and public attitudes toward homelessness and housing policy. Considering each program in light of these consistent factors enables an effective comparative analysis and lays the foundation for the next stage of the analysis.

Comparative Policy Transfer Analysis

Once the programs have been considered in their original contexts, their generalizability and adaptability to California are assessed by examining the conditions necessary for successful policy transfer and implementation, including structural compatibility (e.g., housing market conditions), institutional feasibility, and political feasibility. Therefore, rather than assuming that policies successful in an international context would be successful in a California context, this analysis asks what conditions enabled the program's success in its original context, whether similar conditions exist in California, and what modifications would be needed for implementation. This analysis also considers potential pathways for implementing the policies in California by identifying existing barriers to implementation and potential adaptation strategies. Rooted in the findings from these analyses, we present recommendations for adopting similar innovative programs in California, along with steps to ensure compatibility and translatability across contexts.

Strengths and Vulnerabilities

This methodological approach has several core advantages. The combination of government-level data, expert interviews, quantitative frameworks, and qualitative analysis allows for a comprehensive, multilayered examination of older adult homelessness in California. However, each component of this approach also has limitations that should be considered when interpreting our findings.

Data Collection

Reliable government-level data, including the U.S. Department of Housing and Urban Development (HUD) Point-in-Time Count and Housing Inventory Count, and the State of California’s Homeless Data Integration System (HDIS), provide a consistent basis for making longitudinal comparisons across counties and over time, with both sources offering subpopulation breakdowns that allow us to conduct age-specific analysis. The 13 expert

interviews conducted with homelessness and aging policy professionals enrich this foundation, introducing nuance and perspective that cannot be captured by aggregate data alone.

However, both data sources have important limitations. First, HUD and HDIS compile data submitted annually by Continuums of Care (CoCs), each of which maintains a Homelessness Management Information System (HMIS). Homelessness service providers that receive funding from many state and federal programs are required to enter their data into HMIS. However, service providers that do not use HMIS are not represented, meaning the figures do not capture everyone accessing homelessness services (HDIS, 2025). Additionally, while HUD specifies an unduplicated count of homeless people, in accordance with HUD standards, HDIS offers no such guarantee, and HUD conducts only a limited data quality review before publication, meaning the reliability and consistency of reporting may vary across CoCs.

Three additional constraints directly shaped this analysis. First, both datasets categorize older adults as 55+ rather than the 50+ threshold recommended by much of the literature and the evidence presented in this report. This means some individuals who functionally qualify as older adults are excluded from the counts analyzed here. Second, the Point-in-Time Count captures only a single night each year; it does not capture "hidden homelessness" like couch surfing or unstable subsidized housing, which is needed to understand the true scale of older adult homelessness in California. Finally, the HUD and HDIS data are only complete through 2024, with the 2025 data covering only the first three quarters, which limits the currency of some findings.

Qualitative Frameworks

The Multi-Attribute Analyses and bed gap index provide a systematic basis for comparing programs and counties using consistent criteria. This enables more transparent evaluation across CoCs of varying sizes and demographic contexts. The bed gap index enables meaningful comparison by normalizing beds as a proportion of each CoC's 55+ homeless population, which cannot be done with raw counts alone.

However, as noted in 2024 by the California State Auditor, reliable cost and effectiveness data for California homelessness programs are difficult to obtain and oftentimes nonexistent. This limits the depth of any possible cost-effectiveness analysis across the state and county programs examined. The capacity-to-need ratios used in the county multi-attribute analyses are based on total adult beds rather than on beds designated specifically for older adults (because age-specific bed data is not consistently reported), making these estimates imprecise.

The 33 qualitative interviews with experts, agency personnel, and older adults experiencing homelessness provide depth and context that quantitative data alone cannot capture, drawing on expertise, centering the lived experiences of those most directly affected, and offering important insights into policy successes and failures. The international program analysis and comparative policy transfer analysis further extends the scope of our research by drawing on proven models from Finland, Australia, Germany, and Poland to inform California-specific recommendations.

However, the qualitative findings also carry meaningful limitations. The 20 interviews with older adults experiencing homelessness were conducted exclusively at National Health Foundation recuperative care facilities across four southern California locations — Pico-Union, Glendale, Ventura, and Arleta. This means the participants are representative of a geographically similar and relatively stable subset of the unhoused older adult population. This is an important gap to consider when assessing the generalizability of the insights from these findings. Additionally, the international models analyzed, while informative, were evaluated in contexts that differ substantially from California's on numerous factors, including population size, governance structure, housing market conditions, and healthcare systems. This limits the generalizability of these findings to a California context. Finally, California’s magnitude, with its expansive population, geographic diversity, and extensive range of services, made comprehensive qualitative coverage and analysis across all 58 counties (44 CoCs) beyond the capacity of this project, and ultimately, incomplete.

Analytic Findings

The analytic findings are organized into three sections that work together to build a comprehensive understanding of older adult homelessness in California. The first presents the lived experiences of unhoused older adults, using thematic analysis to surface common patterns in their interviews, centering the analysis on the perspectives of those experiencing homelessness. The second analyzes the current program landscape through a multi-attribute analysis of the California State and County programs, identifying key program features, funding structures, and service gaps. The third evaluates innovative international practices, drawing on an international program analysis and a comparative policy transfer analysis to assess the feasibility of adapting proven, innovative global models to California's context.

The Lived Experiences of Older Adults

This section explores the lived experiences of older adults experiencing homelessness while residing at the National Health Foundation sites. Through this thematic analysis, the study explores how housing instability, financial insecurity, health challenges, and social isolation shape the daily lives of older adults navigating homelessness. Four themes emerged from the participants' experience. The first theme highlights health and financial challenges as pathways to homelessness, followed by the ongoing daily struggles related to health, housing, and social isolation. The third theme focused on the path forward and participants' desire to secure housing and financial stability. Lastly, the fourth theme highlights barriers to access and outreach for these supportive services. Altogether, these themes illustrate the complexities and challenges older adults face while experiencing homelessness. The lived experiences of these participants demonstrate the importance of adding their perspectives to address the needs of older adults at risk of/experiencing homelessness. Each theme is described below, with illustrative quotes drawn from participant interviews.

Theme 1: Health Challenges and Financial Instability Leading to Homelessness

One of the most prominent themes identified was the role of health issues and a loss of financial stability as key pathways into homelessness. Participants experienced an array of events that ultimately led to their housing instability. Participants reported that health issues significantly affected their ability to retain their jobs, causing financial strain in their day-to-day lives. They also identified loss of income and resources as job loss, loss of home, depletion of savings, or lack of available work. For example, one participant mentioned the role their condition plays in their ability to perform the same job as before:

> *“Part of my PTSD is I have a loss of executive functioning, which is difficult because I was in executive marketing." (Subject 2)*

These challenges are mutually reinforcing: declining health leads to financial instability, and financial instability in turn worsens health outcomes. These findings suggest that health and housing instability are not separate challenges but are interconnected. These issues build over time and can create a cycle that keeps many individuals stuck, leading to the next theme.

Theme 2: Struggling Day to Day: Health, Housing, and Isolation

Participants consistently described their daily lives as shaped by ongoing challenges related to health, housing, and social isolation. This sentiment was shared by participants, who indicated that their health remained a daily challenge. The participants described their day-to-day lives shaped by a combination of health challenges, particularly in mental health, with feelings of depression, loneliness, and emotional distress. Along with health concerns, participants also reported housing instability and uncertainty, further amplifying their day-to-day challenges. These challenges were either expressed individually or interconnected. One participant shared:

> *"I feel very lost and empty [...] I am kind of alone, I keep to myself [...] I enjoyed my recuperation time here, getting well and taking care of my stuff. I needed that really bad because everything was just scattered and gone that I had. I lost everything, it's a stepping stone, and it's kind of like god sent me because I was out there asking for help, but there is a waiting list [...] I felt like I was alone out there because of my age." (Subject 8)*

This participant identifies key issues of service availability and fiscal constraints that create barriers to stable housing, ultimately leading to long waiting lists. The participant also emphasized that age-related isolation further amplifies vulnerabilities, which is especially important when supportive services are limited or difficult to obtain. Collectively, these challenges demonstrate how gaps in supportive services and limited resources can increase housing instability and vulnerability among individuals already facing significant social and economic barriers. Similarly, other participants noted:

> *"Once you end up to a point where you become homeless, you become helpless." (Subject 5)*

> *"I felt like I was disappearing." (Subject 12)*

These experiences highlight the vulnerability and disconnection that the respondents face in their day-to-day lives. It also highlights the emotional toll of isolation and the uncertainty of access to support services. Participants were shaped by the multiple, overlapping vulnerabilities and experienced ongoing hardships stemming from the cycle of events. The participants shared emotional responses to their experiences and ongoing issues, which point to a broader sense of loss and diminished self-worth. These emotional responses are indicative of the struggle experienced as an older adult facing homelessness, identifying isolation as a key issue even when housing stability is achieved. These feelings persist even after securing housing, underscoring the importance of services and housing solutions that foster community connections and a sense of belonging. These findings are crucial for legislators to incorporate into policy to ensure the development of services that foster dignity, independence, and confidence, rather than simply providing emergency short-term shelters.

Theme 3: Looking Ahead: Securing Housing and Financial Stability

Participants across the board identified safe, secure housing and financial stability as the most important factors for improving their well-being. Many participants identified the importance of independence and the possibility of transitioning back to work to get their lives back on track. A couple of participants reflected on the unsafe experience of being unsheltered:

> *"Laying in the streets in the dark, you don't know if you could jump or get hurt." (Subject 6)*

> *"I just get really tired and afraid, because I have never really learned to be on my own." (Subject 20)*

Both describe concerns about being unable to secure the necessary housing assistance and the impact of this instability on other aspects of their experience, such as safety. In particular, their experiences highlight the heightened physical risks and vulnerabilities older adults face compared to younger individuals experiencing homelessness. This directly addresses the essential age-responsive support required due to limited shelter capacity and housing demand. In addition, participants stressed a strong fear of being alone, often linked to the loss of a spouse or caregiver, further amplifying the emotional distress and creating a clear pathway to homelessness. This suggests the importance of prioritizing housing models that foster social networks and community connections, such as intergenerational approaches, to create strong, supportive relationships and cultivate self-efficacy. Other participants emphasized the importance of financial stability by stating:

> *"I want to work, like in a warehouse." (Subject 16)*

> *"Money fixes everything. It does." (Subject 14)*

Both accounts highlight financial stability as a key condition for long-term security. Participants express a desire to work and achieve self-sufficiency rather than relying on supportive services long term. This demonstrates the importance of incorporating programs that promote economic participation and provide pathways to employment, while also addressing the barriers older adults face in the workforce. Supporting access to employment can promote housing stability, autonomy, and overall well-being for older adults.

Theme 4: What Policymakers Should Know: Barriers to Outreach and Access

This theme encompasses the ongoing barriers and accessibility issues many participants have faced when seeking services. The participants emphasized the importance of assistance, accessibility, outreach efforts, and service availability. A couple of individuals highlighted the importance of 55+ and older programs, as well as distinctions in assistance needs across different backgrounds among individuals experiencing homelessness. Assistance programs were identified as harm reduction services, transitional housing, mental health services, and drug and alcohol rehabilitation. Participants described how limited awareness of these available services and complex systems prevented access to these supports. Participants indicated:

> *“Not enough 55 and over assistance, and that is what I am fighting for right now [...] There needs to be more support, like we have mental health, but I think the loneliness." (Subject 9)*
>
> *"Provide mental health, that is almost a mandatory and drug and drug rehabilitation services." (Subject 17)*

These sentiments highlight what individuals consider most important and where service gaps persist. Participants also noted:

> *“As soon as they got my medicare number, they told me they got a room that is in Big Bear and is like $1400 a month, meaning that because your medicare number, thank you very much, don’t call us, we call you. Before they got my number, they would call twice a day, ohh we are trying to find something for you." (Subject 4)*
>
> *“I was waiting for Section 8 housing, and I was in the hospital when my Section 8 came up, and they couldn't get a hold of me. Two weeks after they were trying to get a hold of me, I got out of the hospital and called them, and they were like oh yeah, we passed you by because we couldn't get a hold of you, I told them I was in the hospital, and they said it does not matter.” (Subject 19)*

Together, these experiences suggest the complexities and administrative burdens that facilities face, as well as the time and effort, or learning costs, that these older adults incur in trying to understand the intricacies of program application processes. This also illustrates the need for accessibility and outreach to ensure the appropriate type of assistance is provided when individuals need it most, enabling long-term support.

Summary

Overall, these findings demonstrate the importance of developing integrated, population-specific approaches to address the interconnected challenges of health conditions, housing instability, and limited access to supportive services among older adults. Participants’ experiences revealed that financial hardship and declining health are major contributors to housing vulnerability. This reinforces the need for preventative interventions that support individuals before homelessness occurs. These findings also underscore the importance of accessible, comprehensive health services that enable older adults to maintain stability and quality of life.

Examining the participants' day-to-day experiences revealed that housing instability and social isolation emerged as significant factors shaping their overall well-being. These findings suggest the need for assistive programs and housing models that promote stability and social connection. This points to the inclusion of intergenerational housing within future housing development plans. Additionally, the findings alluded to the importance of emphasizing the differences between rural and local responsive approaches, which allow for differences in services across communities. These findings reveal the need for state and county agencies to include more accessible, coordinated, and user-centered services when designing assistance programs for older adults experiencing homelessness.

Additionally, the findings further demonstrate that many current programs are not tailored to the specific needs of older adults experiencing homelessness; they focus on homelessness as a generalized issue. While this may reflect broader state- and countywide fiscal challenges, programs can be modified to provide a more effective and targeted approach. This lack of population-specific assistive programs may limit the long-term housing retention and stability of many individuals. Collectively, these lived experiences emphasize the importance of incorporating older adults' perspectives into the planning, development, and implementation of policies and programs intended to address homelessness. Understanding the structural environment these individuals navigate requires examining the programs currently in place and where those programs fall short.

Current Program Landscape

Addressing older adult homelessness requires navigating a complex and multilayered system of federal, state, and local programs. At the federal level, the Older Americans Act of 1965 established the primary funding and policy framework for services to older Americans, which is administered by the Administration on Aging (Colello & Napili, 2025). California builds on these federal initiatives through the implementation of specific legislation, such as the Older Californians Act, and programs such as HomeKey, Project RoomKey, CalAIM, and the State's Master Plan for Aging (California SB 1249, 1996; Henderson et al., 2023). At the local level, Housing First and homelessness prevention models, including Los Angeles' Inside Safe and Oakland's Rapid Response Homeless Housing (R2H2), provide direct services. These services range from housing placement to mobile health, meal programs, and eviction prevention (City of Oakland Department of Housing and Community Development, 2024; Henderson et al., 2023). Despite this broad infrastructure, service delivery remains fragmented, with inconsistent eligibility definitions creating gaps, and the layered administrative structure adds a burden that deters older adults from accessing the services designed to help them (Henderson et al., 2023; Herd, 2023).

Understanding how these programs function in practice, and the areas in which they fall short, requires looking beyond design alone to their implementation. The following analysis examines key state and local programs through a multi-attribute framework, assessing program features, accomplishments, funding, and program-level strengths and limitations that shape service delivery for older adults at risk and/or experiencing homelessness. It is organized into two sections: an examination of selected state programs, followed by an assessment of selected county Continuum of Care programs. Because these programs vary considerably in their design and context, they are not treated as directly comparable. Instead, together they illustrate the complex system of services, which vary in design, funding, and implementation across different jurisdictions, highlighting the strengths and gaps that define California's current response.

State Program Multi-Attribute Analysis

This analysis considers four housing programs administered in California to address homelessness among older adults: the Home Safe Program, the Housing and Disability Advocacy Program, the Homekey+ Program, and the Community Care Expansion Program. The

analysis provides a basic comparison of program features, along with a consideration of what the literature suggests regarding programmatic accomplishments and the programs' strengths and weaknesses (See Table 1: Multi-Attribute Analysis for California State Programs). A rigorous evaluation of programmatic cost-effectiveness is beyond the scope of this analysis, in no small part due to the lack of comprehensive data. According to the California State Auditor (2024), measuring effectiveness for California programs poses challenges.

Table 1: Multi-Attribute Analysis for California State Programs

Program Name	Eligibility	Persons/Projects Served	Funding	Program Overview	Strength/Gap
Home Safe Program	Adult Protective Services (APS) participants.	15,615 older adults.	The Budget Act of 2024 reappropriated funds from the Budget Act of 2021; the Budget Act of 2022 reappropriated funds; and the Budget Act of 2024 expanded the match waiver for all funds.	Services, including case management and housing support.	Strength: Assisting hard-to-reach populations Gap: short-term services
Housing and Disability Advocacy Program (HDAP)	Individuals at risk/living with homelessness with disability insurance benefits.	Assisted approximately 30,258 individuals and housed 8,230 individuals permanently.	The Budget Act of 202 appropriated funding over two years. The Budget Act of 2024 $100 million through June 2026.	Assistance with housing and disability benefits.	Strength: 2017-2024 permanently housed 8,230 individuals Gap: Funding
Homekey+ Program	Organizations, developers, and tribal entities. Individuals at risk/experiencing homelessness, and veterans, and with mental health challenges.	45 permanent housing projects for 2,260 affordable homes.	$2 billion for capital funding.	Permanent supportive housing solutions.	Strength: Affordable housing Gap: regional funding constraints
Community Care Expansion (CCE) Program	- Grantees of adult/senior care facilities. - Adult/senior individuals.	61 projects with approximately 3,170 beds/units anticipated.	$570 million grants for capital funding program. Fiscal Year 2021-2022 appropriated funding, multiyear period; Fiscal Year 2022-2023 appropriated additional $55 million subsidies.	Fund, build, and renovate adult/senior care facilities.	Strength: Housing opportunities Gap: Time/money

Note: Please see **References** for full APA 7 references.

Source: California Commission on Aging (n.d.-a), California Commission on Aging (n.d.-b), California Department of Aging (2025), HCD (n.d.), HCD, (2024), HCD (2026), CDSS (n.d.-a), CDSS (n.d.-b), CDSS (n.d.-c), CDSS (n.d.-d), CDSS (n.d.-e), CDSS (n.d.-f), CDSS (2022-a), CDSS (2022-b), County of Los Angeles Department of Workforce Development, Aging, and Community Services (n.d.), Kushel et al. (2026).

Home Safe Program

California's Home Safe Program, established in 2018, assists Adult Protective Services clients, including older adults at risk or experiencing homelessness. The program is available in 58 counties and 23 tribal grantees (CDSS, n.d.-a). Older adults in Adult Protective Services (APS) or supported by Tribal social service entities who experienced abuse and/or neglect are eligible for the Home Safe Program (CDSS, n.d.-a). The APS eligibility for older adults is 65 years of age and older, and for dependent adults is 18-64 years old (CDSS, n.d.-b). From a review by the UCSF Benioff Homelessness and Housing Initiative in 2022-2025, approximately 82.5% of Home Safe participants were 60 years old or older (Kushel et al., 2026). The program has assisted approximately 15,615 older adults experiencing housing challenges, abuse, and/or neglect (California Department of Aging, 2025). Home Safe delivers services, including financial assistance for housing and eviction protection within counties and tribal communities (CDSS, n.d.-a). For older adults to qualify for Home Safe, they need to be at risk of homelessness, spend approximately 30% or greater of their income for rent, have experienced unlawful evictions, and/or have no familial support (County of Los Angeles Department of Workforce Development, Aging, and Community Services, n.d.). Home Safe funding with the Budget Act of 2024 reappropriated funds from the Budget Act of 2021 of $92.5 million, match-exempt General Fund available until June 30, 2025 (CDSS, n.d.-a). Furthermore, under the Budget Act of 2022, an additional $92.5 million in match-exempt General Fund is reappropriated and remains available until June 30, 2026 (CDSS, n.d.-a). Also, the Budget Act of 2024 extends the match waiver to all funds through June 30, 2026 (CDSS, n.d.-a). From the 2025-2026 budget, the spending plan provides $83.8 million in one-time General Fund for Home Safe available through June 30, 2028 (Legislative Analyst's Office, 2025).

The Home Safe Program is significant to addressing homelessness, including for older adults. From 2022-2025, the Home Safe Program was vital to meeting the needs of individuals in programs, including CalFresh and Housing Choice Voucher Programs, whose incomes are slightly above the service cutoff (Kushel et al., 2026). Furthermore, the Home Safe Program has been beneficial in reaching hard-to-reach populations, including older adults who were isolated and lacked access to social services (Kushel et al., 2026). Another advantage of the Home Safe Program's success is its provision of stable housing support to participants, including housing deposits and rental assistance (Kushel et al., 2026). A challenge to the Home Safe Program is the limited availability of affordable housing (Kushel, 2026). Another challenge to the Home Safe Program is the limited availability of long-term assistance and support to participants, as the program emphasizes only short-term services (Kushel, 2026). Additionally, another challenge to the Home Safe Program is serving participants who experience chronic homelessness for secure housing and undocumented communities with a stigma for governmental institutions (Kushel, 2026).

Housing and Disability Advocacy Program (HDAP)

A program that helps individuals at risk of or living with homelessness who qualify for disability insurance benefits is the Housing and Disability Advocacy Program (HDAP), which has been in existence since 2016 (CDSS, n.d.-c). This program serves older individuals, although its services are not age-restricted. According to the California Commission on Aging (n.d.-a), approximately

28-30% of HDAP participants are 55 years old or older. The objectives of HDAP include case management, disability benefits, and financial support for housing (CDSS, n.d.-c). In the 2023-2024 fiscal year, 56 counties and 17 tribal grantees operated HDAP programs that met participants' needs (CDSS, n.d.-c). From the Budget Act of 2023, an appropriation of $25 million for over two years was provided with a dollar-for-dollar match requirement (CDSS, n.d.-c). Funding poses challenges, as the Budget Act of 2024 reduced HDAP's fiscal year 2022-2023 one-time funding from $150 million to $100 million through June 2026 (California Commission on Aging, n.d.-a). The lack of additional funding will only allow HDAP to utilize its $25 million in ongoing funding (Commission on Aging, n.d.-a). Therefore, a decrease in funding from the fiscal year 2025-2026 could result in an approximate 41.06% decrease in services from the fiscal year 2023-2024 (Commission on Aging, n.d.-a). As for funding for HDAP in fiscal year 2025-2026, a one-time General Fund allocation of $44.6 million is available through June 30, 2028, with an additional $25 million in ongoing annual base funding (Legislative Analyst's Office, 2025). From 2017-2024, HDAP helped approximately 30,258 individuals and housed 8,230 individuals permanently (California Commission on Aging, n.d.-a). By the 6-month mark of disability benefit acceptance, approximately 92% of HDAP participants obtained permanent housing (California Commission on Aging, n.d.). Also, after the 12-month mark of disability benefit acceptance, approximately 82% of HDAP participants obtained permanent housing (California Commission on Aging, n.d.-a).

Homekey+ Program

In contrast to Home Safe and HDAP, which focus on direct services for individuals, the Homekey+ Program emphasizes developing housing units that can serve individuals at risk of or experiencing homelessness. The program was created through the Behavioral Health and Infrastructure Bond Act of Proposition 1, passed in March 2024 (HCD, n.d.). Proposition 1 funded Homekey+ with approximately $2 billion, of which approximately $1 billion was tailored towards veterans (HCD, n.d.). Homekey+ advances the Homekey model for permanent supportive affordable housing by funding the acquisition and restoration of current buildings and also developing new housing projects efficiently (HCD, n.d.). Projects for Homekey+ consist of the alteration of nonresidential, current residential, and commercial-zone buildings for permanent supportive housing (HCD, 2024). Other projects for permanent supportive housing include new construction of multi-family rental buildings on excess state-owned properties, housing in contiguous or non-contiguous areas, and shared housing (HCD, 2024).

Eligibility for Homekey+ is open to regional, state, and local organizations, housing developers, and tribal entities to acquire existing buildings quickly and create new, cost-effective projects (HCD, n.d.). The eligibility of users for housing with Homekey+ includes veterans and individuals who may have mental health challenges and are at risk or living with homelessness (HCD, n.d.). With current Homekey+ awards totaling $767.9 million, approximately 45 permanent housing projects will be created, providing 2,260 affordable housing units for Californians in need (HCD, 2026). A strength of the Homekey+ Program is its foundation in affordable, secure housing opportunities with social services (HCD, n.d.). The program is also available for individuals at risk, or who may be experiencing homelessness, and who may have mental health challenges (HCD, n.d.). Another strength of Homekey+ is the opportunity for entities to pursue cost-effective permanent housing projects within their own communities

(HCD, n.d.). Homekey+ has a significant strength in delineating projects within communities and meeting local needs (HCD, n.d.). As the Homekey+ Program emphasizes affordable permanent supportive housing, it faces challenges, including regional funding constraints and delays in the eligibility of one-project awards that affect later-submitted projects (HCD, 2024).

Community Care Expansion (CCE) Program

Another program that seeks to increase the housing stock to address homelessness is the Community Care Expansion (CCE) Program. The objectives of the CCE Program are the attainment, development, restoration, and maintenance of senior care facilities with approximately $570 million in grant funding (CDSS, n.d.-d; CDSS, n.d.-e). The grant funding can also assist with a capitalized operating subsidy reserve available for 5 years (CDSS, n.d.-d; CDSS, n.d.-e). The CCE Program funds can be used by local and tribal entities, non-profit, for-profit, and private organizations (CDSS, n.d.-f). In fiscal year 2021-2022, an appropriation of $805 million was allocated over a multiyear period (CDSS, n.d.-d). Additionally, during fiscal year 2022-2023, an additional $55 million was appropriated for subsidies for current care facilities (CDSS, n.d.-d). The emphasis of CCE is on assisting individuals who may be at risk of homelessness or living with homelessness (CDSS, n.d.-d; CSS, n.d.-e). The program, established in 2021, supports individuals, including older individuals enrolled in State Supplementary Payment/Supplemental Security Income or the Cash Assistance Program for Immigrants (CDSS, n.d.-d; CDSS, n.d.-e). The age eligibility is 18 to 59 years for “adults” and 60 years and older for “older adults” (CDSS, 2022-a). Ultimately, the CCE Program has thus far funded about 61 projects with approximately 3,170 beds/units anticipated (CDSS, n.d.-e).

The Community Care Expansion (CCE) Program has strengths for individuals, including assistance for low-income older adults. Based on the entire CCE Program, the California Department of Social Services estimates that 94,000 older adults and individuals with disabilities will have access to supportive housing opportunities (California Commission on Aging, n.d.-b). Furthermore, another advantage of the CCE program is that assisted living facilities provide housing opportunities for individuals who may be at risk or experiencing homelessness (California Commission on Aging, n.d.-b). A challenge for the CCE Program is that projects can be very complex at different stages, which may require more time and money (CDSS, 2022b).

Overall, the analysis of the four housing programs in California illustrates the importance of accountable and transparent housing and supportive service interventions for older adults experiencing homelessness. As the effectiveness of the housing programs falls beyond the scope of the research, the analysis presented an overview of each program’s characteristics, including accomplishments, strengths, and weaknesses. The analysis of the housing programs aims to address the service needs of older adults experiencing homelessness with the objectives of transparency and accountability.

County Programs Multi-Attribute Analysis

Supporting older adults experiencing homelessness requires a comprehensive understanding of county demographics, available programs and services, and local economic factors that influence housing stability. This analysis identifies Butte, Lake, Imperial, and San Bernardino County Continuums of Care selected for program assessment due to the highest and lowest

concentrations of older adults experiencing homelessness in the 2025 Point-In-Time Counts. Comparing these regions allows for a more in-depth understanding of how geographic, economic, and structural factors shape service delivery.

A detailed examination of each program, including its served population, assistance provided, and structural differences, is essential for identifying key service components and gaps in coverage. This section also highlights how variations in funding and service integration can impact accessibility for older adults. This analysis will present a multi-attribute framework to assess different components of supportive housing services, evaluating accessibility, coordination, and responsiveness to the needs of older adults.

Butte County Continuum of Care

Among the selected counties, Butte County presents the most challenging case, being identified as the county with the greatest number of older adults experiencing homelessness, with around 982 in 2024. Butte County is home to around 44,000 residents aged 60+, with a mix of urban, suburban, and rural areas, and a predominantly white, aging community in which over 25% of older residents live alone (Butte County, 2026; California Department of Aging, 2025). This predominantly rural county, referred to as the "land of natural wealth and beauty", relies heavily on agriculture, which serves as the county's leading industry (University of California Agriculture and Natural Resources, n.d.). The county demonstrates significant socioeconomic vulnerabilities, with a 18.7% poverty rate and an overall household income of $67,928 (US Census Bureau, 2024). It also features around 129 residents per square mile, and 1636.49 land area per square mile, identifying it as a semi-rural to rural-suburban hybrid county. (US Census, 2024). Butte has a racial composition of 65.6% white, 21% Hispanic or Latino, 5.9% Asian, and 2.7% American Indian (US Census, 2024). Collectively, these demographics reveal a complex at-risk older adult population, highlighting the pressing need for interventions that aim to prevent and alleviate homelessness.

Findings from the Butte County Continuum of Care, in partnership with HUD Exchange, indicate that housing instability in Butte County was exacerbated by three major wildfires beginning in 2018, which destroyed many homes and led to a 0% vacancy rate (HUD Exchange, N.D.). In addition, strain was placed on the county, since 10% of the county's revenue comes from property taxes, with federal and state funding as the other two major components (Butte County, 2025, p. 12). Overall, Butte County CoC maintains a centralized source that provides information on Point-in-Time Count reports, CoC Program Annual reports, and Homeless Housing Assistance and Prevention reports, all of which provide insight into economic conditions, housing insecurity, program availability, and resource gaps (Butte Countywide Homeless Continuum of Care, n.d.). Butte County has been working to address homelessness by increasing the resources available through the Homeless Housing Assistance and Prevention (HHAP) funds it receives, specifically targeting permanent and interim housing solutions (Butte County Employment and Social Services, 2026). In addition, the Butte County CoC 2025 Annual Report identified grants for renewal and planning totaling around $230,321 in awards, alongside $386,000 in supportive and rapid rehousing project grants (Butte Countywide Homelessness Continuum of Care, 2025). These findings point to housing services constrained by revenue and

heavily reliant on external grants, ultimately contributing to housing insecurity and long waitlists for supportive services.

The five different Butte County programs selected for assessment demonstrate variation in capacity, delivery, and accessibility for older adults experiencing homelessness. The emergency shelter, Jesus Center-Genesis nonprofit, provides immediate access with a high capacity-to-need ratio while emphasizing trauma-informed wraparound care (Jesus Center, 2026). While the program is intended to address homelessness prevention and housing assistance, limited publicly available data makes it difficult to determine short- and even long-term assistance. In contrast, Oroville Rescue Mission offers a more person-centered approach with wraparound services (Oroville Resource Center & Rescue Mission, 2026). Individuals accessing services are assessed upon their arrival to help coordinate care and identify affordable, available housing options. The organization offers a 12-month recovery program intended to support rapid transition into permanent supportive housing. However, the overall availability of permanent supportive housing in Butte County remains limited, and assistance may only be available for specific time frames (Oroville Resource Center and Rescue Mission, 2026). Additionally, limited publicly available data on program outcomes and program availability make it difficult to evaluate overall impacts and accessibility.

The permanent supportive housing program operated by the Housing Authority of the County of Butte offered the highest capacity-to-needs ratio in the 2024 Point-in-Time Count and provided age-specific housing for older adults (Housing Authority of the County of Butte, n.d). Despite these strengths, access to these services remains limited due to long waiting periods, lengthy application processes, and procedural and administrative barriers once waiting lists open. Wait list preferences prioritize applicants who are homeless or transitioning out of homelessness. This includes individuals placed on the county's waiting list from supportive housing referrals. Eligibility often requires referrals from the Butte County DESS Housing Navigator as well as case management through the Butte Countywide Continuing of Care organization (Housing Authority of the County of Butte, n.d.). Overall, the combination of limited program capacity and administrative barriers may reduce the program's effectiveness and accessibility of permanent supportive housing programs for older adults experiencing homelessness. However, the Housing Authority of the County of Butte attempts to improve this coordination through a centralized referral intake system.

On the contrary, rapid rehousing services like True North Alliance provide more immediate assistance with move-in costs and rental assistance and offer more preventive services that are not well suited to individuals who require intensive support (True North Housing Alliance, 2026). Lastly, safehaven programs like Chico Housing Action Team provide permanent supportive housing that prioritizes aid to the most vulnerable, defined as homeless, low-income, seniors, disabled, and formerly incarcerated (Chico Housing Action Team, 2026). This nonprofit publicly reported the number of residents served at its facility and its annual financial information; however, the data is limited to service counts and does not include sufficient demographic detail or outcome measures needed for a full assessment of the program. Overall, while these programs differ in their approaches, ranging from housing-first models to long-term supportive solutions, limitations in program capacity and a lack of publicly available data on the

number of individuals served make it difficult to evaluate program accessibility and overall effectiveness. (Please see Appendix A1: Butte County CoC Multi-Attribute Table).

Lake County Continuum of Care

Lake County, like Butte County, is characterized by rural, mountain-like terrain with a predominantly white population (Lake County, 2026). Between 2024 and 2025, Lake County had the highest proportion of unhoused older adults (55+) relative to all individuals experiencing homelessness, with 35% in 2024 and 42% in 2025. Economically, Lake County has a poverty rate of 19.7% and a median household income of $60,621 (US Census Bureau, 2024). It is identified as a mid-density rural county, with 54 residents per square mile and 1,256 square miles of land area (US Census Bureau, 2024). The racial and ethnic composition is 63% White, 26% Hispanic/Latino, 4.8% American Indian, and 2.2% Black. Lake County was also identified as having a median age of 43 years, with around half of the population aged 18-64 and 16% aged 65 and older (Census Reporter, 2024). Overall, these characteristics suggest older adults experiencing homelessness might be vulnerable due to a combination of limited rural access and disparities in resource availability due to the geographic landscape.

In Lake County, as in Butte, the programs vary in services offered, accessibility, and capacity. Emergency shelter services like Redwood Community offer the highest capacity, with 24/7 assistance and wraparound services; however, the eligibility criteria seem unclear and lack transparency in accessing the shelter, undermining its effectiveness (Redwood Community Services, 2026). Transitional housing assistance, such as the Adventist Health Clear Lake- Hope Center Transition, offers a relatively high capacity and includes health care services. It is a 21-bed interim facility for unhoused individuals that provides shelter, food, and rest (Adventist Health Clear Lake, 2026). This program provides case management to assist individuals in navigating housing and health services, as well as 6-month ongoing support once an individual leaves Hope Center (Adventist Health Clear Lake, 2026). This all suggests that the program meets older adults' needs and facilitates individualized care; however, to make this determination, public data are necessary to assess the availability of these services at a transitional housing facility.

On the contrary, permanent supportive housing and repaid rehousing programs, such as those offered by the Lake County Housing Commission and North Coast Opportunities, provide tailored, wraparound interventions but appear to face capacity constraints (Lake County Housing Commission, n.d.; North Coast Opportunities, 2026). While these services provide longer-term stability and individualized care, limited access to available beds can reduce their impact. Lastly, safe-haven services, such as those provided by Lake County Behavioral Health, offer moderate capacity and 24/7 accessibility but lack wraparound services beyond counseling (Lake County, n.d.). Overall, while emergency and transitional housing provide immediate, accessible solutions, longer-term programs face constraints in availability and service integration, and have limited data on the number of individuals they serve and help. (Please see Appendix A2: Lake County CoC Multi-Attribute Table).

Imperial County Continuum of Care

Imperial County, like Butte and Lake, is predominantly rural. It is located in the southeastern corner of California, along the borders with Arizona and Mexico, known for its rich agricultural production, renewable energy, and family-oriented community, so programs targeted for older adults experiencing homelessness must account for these needs. Imperial County is home to around 39,000 adults aged 60+, with a 70% Hispanic share of older adults (California Department of Aging, 2025). Imperial County has a 19.7% poverty rate with around 1 in every resident living below the poverty line, and a $60,749 median household income. (US Census Bureau, 2024). It has a population density of 43 people per square mile and a land area of 4,176.60 square miles, suggesting an extremely rural county with large amounts of land, open space, and undeveloped areas (US Census Bureau, 2024). Its racial composition includes around 89% White, 86% Hispanic or Latino, 3.2% Black, and 2.9% American Indian (US Census Bureau, 2024). Overall, older adult populations in this county might face greater housing vulnerabilities due to accessibility issues, limited services, and rural isolation, making it harder to access supportive services.

In contrast to the northern counties considered in this section, Imperial County has the lowest number of individuals aged 55 and older experiencing homelessness in 2025 when adjusted for population. It also had the smallest proportion of older adults among all people experiencing homelessness in both 2024 and 2025. The Point-in-Time Count (PIT) and Housing Inventory Count reveal 8 emergency shelters, 5 transitional housing programs, 2 permanent supportive housing programs, 11 rapid rehousing programs, and 2 (Other) PSH programs (HUD Exchange, 2024). These services place a heavy emphasis on family support and are often provided in partnership with county departments.

In Imperial County, emergency and rapid rehousing programs like Imperial County DPSS Home Key and Imperial County HDAP provide the highest capacity and person-centered services. Similarly, permanent supportive housing, such as the Imperial County Behavioral Health program, demonstrates a relatively high capacity for individualized care and wraparound services; however, this program lacks data availability over program reports to assess program effectiveness. In contrast, transitional housing and safehaven programs like Womenhaven and the Imperial Department of Social Services have the least capacity despite offering services such as case management and short-term assistance (Womenhaven, 2026; Imperial Department of Social Services, n.d). These programs also provide comprehensive data on assistance and operation services, which allows for further program analysis. Overall, these programs provide strong, targeted support, but capacity constraints, public records for program assessment, and limited accessibility may limit their impact. (Please see Appendix A3: Imperial County Multi-Attribute Table).

San Bernardino Continuum of Care

Lastly, the San Bernardino CoC, a diverse, largely urban county with a significant Hispanic and Latino population, must account for cultural, linguistic, and economic differences in service delivery. In 2024, San Bernardino CoC had the lowest number of older adults (aged 55 and older) per capita. The 2024 Point- In-Time Inventory Count identified 49 emergency shelters, 24

transitional housing programs, 15 permanent supportive housing facilities, and 29 rapid rehousing services (HUD Exchange, 2024). The San Bernardino CoC offers a wide range of services, including wrap-around support, case management, and programs designed to streamline the path to stable housing. This enables the San Bernardino CoC to continue expanding its services while addressing its multifaceted needs.

Programs in San Bernardino County vary significantly in service delivery, capacity, and targeted populations for older adults experiencing homelessness. For example, permanent supportive housing, provided by the San Bernardino Housing Authority, offers the highest capacity and tailored services for older adults, including case management and supportive resources (Housing Authority of the County of San Bernardino, n.d). Similarly, emergency shelters like the COV Homekey Wellness Center demonstrate relatively high capacity while providing wraparound and medical services through active outreach efforts (City of San Bernardino California Homekey, n.d.). In contrast, transitional and rapid rehousing services operate with lower capacity, limiting accessibility despite their case management and long-term assistive timelines. However, both programs lack strong accessibility and service integration. Overall, permanent supportive housing and emergency housing provided greater capacity and tailored services, while other programs remain limited in availability and accessibility based on the 2025 Point-In-Time counts (HUD, 2025). (Please see Appendix A4: San Bernardino CoC Multi-Attribute Table).

Rural vs. Urban County Trends

A key component of the county-level multi-attribute analysis is the distinction between rural and urban Continuums of Care (CoCs), which highlights the differing challenges and characteristics experienced across these regions. Rural and urban counties across California display distinct issues with healthcare access and distance issues across older adults experiencing homelessness. The counties of Alpine, Lassen, and Sierra are the most rural in California, with populations ranging from 1,000 to 3,000 residents (California State Association of Counties, 2026). Out of the 1,142 people living in Alpine County, 138 are homeless, and 47 out of those individuals are aged 55 or older. These counties consist of 47 out of 138 older adults aged 55 and over experiencing homelessness. Similarly, in Lassen and Sierra counties, a total of 1844 individuals experienced homelessness, of whom 362 were aged 55 and older. Older adults residing in predominantly rural areas encounter barriers, including the need for social engagement that can lead to self-isolation, limited transportation services, housing cost burdens, limited-service infrastructure, and greater distances to essential services (HUD Office of Policy Development and Research, 2017).

On the contrary, most urbanized counties like Los Angeles CoC, San Diego CoC, and Orange CoC face distinct challenges within older adults experiencing homelessness driven by high housing costs, limited affordable and age-friendly units, and fragmented support services. While urban areas may offer greater proximity to services, research suggests that high levels of loneliness are associated with lower life satisfaction. In contrast, those living in urban areas may experience lower loneliness, which in turn is associated with higher life satisfaction (Rey-Beiro, S., & Martinez-Roget, F., 2024). Although this does not identify all factors that contribute to older adults experiencing homelessness in these regions, it offers valuable insight for developing

policy interventions tailored to urban versus rural communities. These findings indicate that urban service density does not necessarily mean better social or housing outcomes.

Comparative Insights Across Counties

Across all counties, programs consistently demonstrate trade-offs among service capacity, accessibility, and long-term housing stability. A consistent trend across these four counties was that short-term interventions offer greater accessibility, while long-term housing solutions remain constrained by availability and accessibility. Support for older adults experiencing homelessness varies across counties and Continuums of Care (CoCs), reflecting the variations in population size, demographics, local economies, geographic conditions, and unique levels of need. Counties with higher numbers of unhoused individuals often prioritize rapid- response interventions, such as emergency shelters and immediate access to services. In contrast, counties with lower levels of homelessness place stronger efforts on program expansion and prevention strategies. For example, Butte and Lake CoC share similar rural and agricultural characteristics, which can possess barriers related to transportation and service accessibility for adults aged 55+ (The Scan Foundation, 2025).

Collectively, these findings highlight the need for expanded capacity in long-term housing solutions, service coordination, and transparent, accessible program structures to better meet the needs of older adults experiencing homelessness. They also highlight the need for more responsive, tailored interventions that account for these different structural and fiscal constraints while improving housing stability outcomes for older adults experiencing or at risk of homelessness. Many of the programs across the selected counties did not specifically target older adults; instead, they provide broader service interventions for individuals experiencing homelessness. This identifies gaps that may limit the effectiveness of the services in addressing the unique needs of older adults. Similarly, the Point-in-Time count captures only a single night each year, limiting the ability to fully understand program performance and year-round services. In addition, the limited availability of public records and data constrains the ability to evaluate the effectiveness of county programs comprehensively. Overall, these findings demonstrate the importance of developing approaches that integrate the needs of older adults while increasing access and data availability for measuring program effectiveness. Understanding why these gaps persist, however, requires looking beyond individual programs to the systemic and fiscal constraints that shape them.

Systemic Failures and Service Gaps

At the root of these challenges is a fundamental coordination failure between the homelessness and aging service sectors, which operate in silos with little shared expertise (Kelly Bruno-Nelson, personal communication, February 17, 2026). This drives uninformed decision-making, resulting in homeless shelters that are not equipped for the needs of older adults; designed like “army barracks” with bunk beds that are physically inaccessible to a 60-year-old whose biological age may be closer to 80 (Kelly Bruno-Nelson, personal communication, February 17, 2026). Furthermore, older adults with higher care needs, such as mobility limitations and assistance with activities of daily living, are oftentimes denied access to these shelters because they are deemed a liability risk or “too high acuity” (California

Department of Aging, personal communication, February 6, 2026; Dr. Alexis Coulourides Kogan, personal communication, November 3, 2025). There are also significant administrative burdens that undermine the effectiveness of existing policy solutions (Dr. Emma Aguila Vega, personal communication, February 25, 2026). Among the most overlooked administrative barriers is the most basic: individuals experiencing homelessness typically lack a permanent address. This makes it nearly impossible to obtain vital documents, such as state IDs, or to open bank accounts. Those who lack these crucial tools are unable to apply for or qualify for the very benefits (e.g., SSI) designed to house them.

Fiscal and Political Constraints

California's volatile fiscal environment further constrains these systemic challenges. The state's dependence on capital gains and high-income taxpayers to generate revenue leaves its annual budgets acutely sensitive to economic cycles (Rauh & Ludwig, 2023). With a projected $18 billion deficit in FY26-27, discretionary homelessness funding, including the state's primary vehicle, the Homeless Housing, Assistance, and Prevention (HHAP) Grant Program, faces a significant risk of reduction or discontinuation (LAO, 2026; Davalos, 2024; Reid et al., 2022). This volatility is damaging to older adults' programs, because they require sustained, high-cost investments, such as permanent supportive housing with on-site medical care (Brown et al., 2013).

Political dynamics reinforce these constraints. Local resistance frequently derails housing developments through regulatory and legal challenges (McNee & Pojani, 2021; Calton, 2025). For example, a $50 million fully funded CalOptima recuperative care project in Tustin was blocked by local city planning, which would not allow the purchase and renovation of an existing assisted living facility (Kelly Bruno-Nelson, personal communication, February 17, 2026). Leadership turnover also disrupts long-term strategies, as legislators' electoral incentives favor short-term interventions over the sustained investment required for homeless mitigation (Ogami, 2024). While the current Master Plan for Aging signals that older adult homelessness is a priority for the current administration, there is no guarantee it will remain so under the next administration. Taken together, these dynamics create a policy environment in which the urgency of the crisis is consistently outpaced by the constraints on responding to it. The systemic, fiscal, and political constraints outlined above make clear that incremental adjustments to existing programs are unlikely to be sufficient. Addressing this crisis, therefore, may require looking beyond California's current policy landscape to international models that have taken a different approach to addressing older adult homelessness.

Innovative International Practices

This section analyzes three international models to identify policy approaches that may reduce and prevent homelessness among older adults in California. The analysis proceeds in two stages. The first stage evaluates each model in its original context, examining its policy design, funding mechanisms, demographic conditions, and political environment. The second stage assesses the transferability of each model to California, asking whether the conditions that made each model successful exist in California and what modifications would be needed for implementation. While all three models offer relevant lessons, the analysis ultimately finds that intergenerational

co-housing, adapted to California's demographic and geographic context, represents the most feasible and innovative long-term strategy for preventing older adult homelessness in the state.

International Program Analysis

To develop innovative and effective policy solutions that reduce and prevent homelessness among older adults in California, it is critical to analyze and compare proven models from other countries. These include Finland's Housing First model, which prioritizes converting emergency shelters into permanent housing, Australia's specialized residential aged care model, which focuses on two pilot programs (the Wicking Project and the Sydney model), and intergenerational co-housing models in Germany and Poland. Please see Appendix F for a comparative analysis of each country's and California's demographics and key characteristics.

Finland: Housing First and Shelter Conversion

Finland is widely regarded as one of the most successful European countries in reducing homelessness (Busch-Geertsema et al., 2014; O'Sullivan, 2022). This success is partly due to Finland's emphasis on a Housing First model. This model assumes housing is a human right, in contrast to the traditional "staircase" model, which treats housing as something earned through readiness measures, such as sobriety (Kwan, 2025; Loubiere et al., 2020; O'Sullivan, 2022; Szeintuch, 2024). Finland is a small, wealthy country with a population of less than 6 million, about 15% the size of California's (Szeintuch, 2024). In 2025, Finland had 4,579 unhoused adults (about 0.07% of the population) and 1,306 individuals experiencing chronic homelessness (about 0.02% of the population) (Centre for State-Subsidised Housing Construction, 2026). Of the 4,579 unhoused adults, only about 3% (137 individuals) are aged 65 or older (Busch-Geertsema et al., 2014).

Policy Design and Housing Model

In seeking to reduce the number of unhoused individuals and prevent future homelessness, Finland implemented a centralized national policy, with municipal-level implementation focused on converting its congregate hostels and shelters, which in 1985 comprised over 2,000 shelter beds, into permanent housing. These permanent housing apartments, open to individuals experiencing homelessness, are targeted towards those with complex needs, young people at risk of experiencing homelessness, and those exiting institutional settings, allowing individuals to stay without the requirement of treatment (Busch-Geertsema et al., 2014; O'Sullivan, 2022). Finland's model has been successful, specifically in reducing the prevalence of older adult homelessness, in large part because of the integration of the Assertive Community Treatment (ACT) model, which provides multidisciplinary person-centered care and case management, such as social workers to navigate housing and employment, doctors, peer workers, and psychiatrists, to residents in the permanent apartments (Loubiere et al., 2020; Szeintuch, 2024). The ACT model also includes high-intensity care, such as hands-on psychosocial rehabilitation, weekly in-home contact with the support team, and 24-hour crisis care (Loubiere et al., 2020). Moreover, tenants are offered traditional leases, providing them with the same level of protection and legal rights as any other tenant (Busch-Geertsema et al., 2014; O'Sullivan, 2022). While Finland's model has led to significant consistent decreases in homelessness rates for about a

decade, as of November 2025, there has been a 20% increase in the number of people experiencing homelessness from 2024, returning to 2019 levels, which researchers have attributed, in part, to national level cuts to social security, changes to the central government housing allowances, rising cost of living, and improved data collection (Centre for State-Subsidised Housing Construction, 2026). Despite these increases, Finland continues to pursue the goal of eliminating homelessness by 2027 (Szeintuch, 2024).

Funding and Financial Mechanisms

Finland's shelter conversion program and Housing First initiatives are funded and implemented through a collaboration among the Ministry of the Environment, the Housing Finance and Development Centre, state authorities, municipalities, and NGOs (Busch-Geertsema et al., 2014; O'Sullivan, 2022). State-subsidized rental housing and project grants are managed solely by the Center for State-Subsidized Housing Construction (Centre for State-Subsidised Housing Construction, 2026). Given the large-scale ambitions of this model, it required significant up-front capital and long-term investments (Busch-Geertsema et al., 2014; O'Sullivan, 2022). Despite the high upfront costs, Finland's program has been found by scholars to be an "economically sound investment" as a result of a decreased use of emergency services, not only from the removal of emergency shelters, but also from a decrease in use of emergency hospital services, which tend to be used up to sixteen times more by unhoused individuals than the general public (Busch-Geertsema et al., 2014; O'Sullivan, 2022; Szeintuch, 2024).

Political Context and Sustainability

While many European countries have piloted Housing First programs, Finland is unique in making Housing First a core aspect of its national identity, enshrining housing rights in its Constitution (Loubiere et al., 2020; O'Sullivan, 2022; Szeintuch, 2024). This commitment demonstrates Finland's significant national commitment to reducing homelessness. Not only is Finland deeply committed to addressing homelessness, but it has also adopted a broad definition of homelessness, rooted in the European Typology of Homelessness and Housing Exclusion (ETHOS), to include those staying with friends or relatives while "couch surfing" (Busch-Geertsema et al., 2014). This is unlike other European countries, such as Italy, which only count "roofless" individuals or those in shelters as homeless. Moreover, there is a strong political consensus among parties in Finland that access to healthcare and housing is a right for all citizens, necessitating public funding, which has enabled the program to remain sustainable across administrations and through economic downturns (O'Sullivan, 2022).

Program Limitations

While Finland's model is particularly robust and supported by extensive data from an annual housing market survey conducted since 1987, many researchers point to its limitations. Municipalities tend to interpret reporting instructions differently and may not use the same cross-checking techniques or may simply fail to participate, as approximately 19% of municipalities did not respond to the 2025 survey (Busch-Geertsema et al., 2014; Centre for State-Subsidised Housing Construction, 2026; O'Sullivan, 2022; Szeintuch, 2024). Moreover, some major cities have been found to adjust their data-collection methods, complicating

longitudinal comparisons (Centre for State-Subsidised Housing Construction, 2026). Additionally, researchers have noted that, despite long-term homelessness decreasing, there has been an increase in "hidden homelessness" in Finland, or people staying in temporary living situations. This increase has been attributed to a lack of affordable housing in Helsinki, resulting in approximately 90% of homeless families and 70% of homeless individuals residing in this metropolitan area (Busch-Geertsema et al., 2014). Despite these limitations, Finland's model should serve as an example for California in integrating Housing First models into policy solutions and in developing person-centered care models.

Australia: Specialized Residential Aged Care

In Australia, approximately 16% of individuals experiencing homelessness are over the age of 55, and this number has only continued to grow (O'Connor et al., 2023). For example, the number of older adult women experiencing homelessness increased by 31% between 2011 and 2016 (O'Connor et al., 2023). To address the unique needs of this growing population, Australia has adopted an approach to mitigating and preventing older adult homelessness that involves developing specialized residential care facilities with a non-institutional, "home-like" atmosphere. These care facilities provide clinical support and permanent housing for older adults who are experiencing or at risk of experiencing homelessness (O'Connor et al., 2023).

The Wicking Project (Melbourne)

Australia's model of specialized residential aged care facilities has been implemented in both Melbourne and Sydney through pilot projects that target unhoused older adults with high care needs. In Melbourne, the "Wicking Project" was a ten-year-long longitudinal series of research trials between 2006 and 2016 focused on unhoused older adults with alcohol-related brain injuries or other behavioral needs experiencing chronic homelessness (Rota-Bartelink, 2016). The first phase, Wicking I, sought to test feasibility by developing a single four-bedroom pilot project in Flemington that provided intensive 24/7 care for individuals who were previously unsuccessful in mainstream care programs (Rota-Bartelink, 2011). Wicking II tested the model's scalability by developing a larger 60-bed facility with an open living environment and a consultancy-led approach (Rota-Bartelink, 2016). Both phases of the project incorporated trauma-informed, psychosocial frameworks, which permeated all aspects of the program, such as controlled alcohol and cigarettes, where staff would give a controlled amount of alcohol and cigarettes to residents to decrease their procurement stresses and withdrawal symptoms, as well as intensive, one-on-one structured activities (O'Connor et al., 2023; Rota-Bartelink, 2011; Rota-Bartelink, 2016). Ultimately, the Wicking Project found that trauma-informed care in a residential facility could help break the cycle of chronic homelessness, as 100% of pilot participants transitioned to lower-level residential care (O'Connor et al., 2023; Rota-Bartelink, 2016). The Wicking Project ultimately concluded because it reached the end of its planned research phases, fulfilling the specific objectives enabled by two successive Major Strategic Initiative Grants (Rota-Bartelink, 2016). However, a future Wicking III program is planned following approval of funding from the Australian Government (Rota-Bartelink, 2016).

The Sydney Model

In Sydney, a not-for-profit aged care provider and a church partnered in 2020 to launch a pilot project to develop a 42-resident care home that provided long-term care and purpose-built housing for unhoused older adults or those at risk of becoming unhoused with high care needs. The home included private bedrooms and bathrooms, trauma-informed transition spaces, multidisciplinary support, fully functioning kitchens and laundry rooms, and private floors for women, those with high physical needs, and those requiring palliative care (O'Connor et al., 2023; Preti et al., 2024). The Sydney model embraced trust-based care, relying on a multi-skilled "care-worker-led staffing model" and promoting the "dignity of risk", allowing residents to maintain self-determination and refuse care (O'Connor et al., 2023). The Sydney model was found to significantly improve the livelihood of older adults experiencing homelessness by reducing symptoms of Post-Traumatic Stress Disorder, stabilizing physical health and functional independence, and decreasing the likelihood of homelessness among those at risk (O'Connor et al., 2023; O'Sullivan, 2022).

Funding and Financial Mechanisms

Both of these programs have been primarily funded by government subsidies, such as the federal Aged Care Funding Instrument and the specialized Homelessness Supplement, philanthropic support, and resident contributions, amounting to approximately 85% of their aged care pension (Alsaeed et al., 2025; O'Connor et al., 2023; Preti et al., 2023; Rota-Bartelink, 2011). Similar to Finland's model, Australia's approach to developing facilities to meet the needs of unhoused older adults requires significant up-front capital. However, both the Wicking Project and the Sydney model have been successful in generating cost savings for the government by reducing the use of emergency services. For example, the Sydney model saved approximately AU$32,000 per resident annually, and the Wicking Project generated savings between AU$11,000 and AU$20,000 per participant (O'Connor et al., 2023; Rota-Bartelink, 2016).

Political Context and Sustainability

It should be noted that these solutions were effective in Australia because of the strong public preference for aging in place, which led the government to invest more in home-based and residential care programs, such as the Wicking Project and the Sydney model (Alsaeed et al., 2025). Despite recognizing unhoused older adults as a "special needs" group under the Aged Care Act of 1997 and the general political consensus on the need for additional supports, homelessness policy in Australia remains vulnerable to political turnover and shifting priorities (Rota-Bartelink, 2011). Currently, priorities are shaped by a Royal Commission into Aged Care Quality and Safety, and a National Housing and Homelessness plan is under development, demonstrating a strong national interest in reducing homelessness among older adults (Alsaeed et al., 2025; Szeintuch, 2024).

Program Limitations

Despite the apparent focus on aging in place that has led to innovation, there are vulnerabilities in Australia's approach. Specialized care tailored to unhoused older adults remains extremely

limited despite the growing need in Australia (O'Connor et al., 2023). Moreover, these Australian programs tend to be fairly small, which may overestimate their scalability and complicate generalization (O'Connor et al., 2023). Finally, there are concerns about survivor bias in the pilot program, as the well-being scores would reflect only those who were healthy enough to survive the first year in the pilot facility (O'Connor et al., 2023). Nevertheless, Australia's model highlights the importance of treating the whole person while maintaining individual autonomy and dignity, a principle that should be emphasized in a California-based solution.

Germany and Poland: Intergenerational Co-Housing

Germany and Poland are investing in intergenerational co-housing programs in response to rapidly aging populations (Sengers & Peine, 2021). By 2050, the share of older adults in Germany is expected to exceed one-third (Labit & Dubost, 2016). Alongside the general aging population, the number of older adults experiencing homelessness is growing substantially in both countries, where in Poland, older adults make up 22% of the unhoused population (Busch-Geertsema et al., 2014). Therefore, Germany and Poland's intergenerational co-housing model is designed not only to address a rise in the aging population but also the housing affordability crisis by developing mixed-age communities that promote independence, dignity through self-determination, mutual support, universal design features, and a communal safety net. Intergenerational co-housing is not exclusively targeted at older adults with limited financial resources, but also at young people and families, serving as an effective preventive measure for future homelessness (Kazak, 2023). For an individual to be eligible for the program in Germany, the community must interview the potential tenant to ensure a "social fit" (Molinsky et al., 2023). In Poland, the potential tenant is selected from a waitlist (Sengers & Peine, 2021). While Germany's model is more established than Poland's, they share characteristics that allow them to be discussed in tandem (Molinsky et al., 2023; Sengers & Peine, 2021)

Policy Design and Housing Model

Germany's and Poland's co-housing models depart from the traditional staircase model, which is prominent in Europe, and from Housing First models, which tend to focus on retention outcomes (Kwan, 2025; Loubiere et al., 2020; Rodilla et al., 2023). Instead, co-housing models emphasize participatory development processes and outcomes such as satisfaction, social network quality, and reduced isolation (Kazak, 2023; Labit & Dubost, 2016). Moreover, both Germany's and Poland's co-housing models include barrier-free universal design infrastructure, help extend the time an older adult can live independently outside of institutions, and provide shared communal spaces to foster socialization (Kazak, 2023; Labit & Dubost, 2016). This has led to high levels of resident satisfaction, with 87% of older adults and 80% of other residents saying they would move into intergenerational housing again (Kazak, 2023). Moreover, researchers have found that intergenerational housing models have been particularly beneficial in rural areas, revitalizing aging communities by incentivizing young families to move in for cheaper housing (Labit & Dubost, 2016).

Funding and Financial Mechanisms

Despite the commonalities between the programs, each has a unique funding infrastructure. Germany funds its programs through a combination of small federal grants, such as “Wohnen für (Mehr)Generationen” grants, which tend to range from €100,000 to €115,000, or small Federal Development Bank loans, state-level subsidies, such as Bavaria's "Income-Oriented Funding" scheme, and resident capital to fund cooperative membership (Molinsky et al., 2023). In contrast, Poland’s funding mainly comes from municipalities and social housing associations (Kazak, 2023; Sengers & Peine, 2021). Research on German intergenerational co-housing models has demonstrated that they reduce costs associated with long-term care and premature nursing home admission. However, research from Poland shows that, on average, over half of tenants pay more in rent for intergenerational apartments than they did in their previous homes (Kazak, 202; Molinsky et al., 2023). However, the quality of the intergenerational housing was found to be significantly higher than the previous homes of residents due to decreased structural barriers, universal design features, and improved building quality (Kazak, 2023)

Political Context and Sustainability

Germany has an over 20-year history of funding projects focused on expanding shared living, demonstrating a strong national commitment to building and promoting intergenerational housing (Molinsky et al., 2023). Moreover, researchers have found that German priorities for “neighborhood revitalization” and the public's preference for self-determined communal living both contribute to the success of these projects (Labit & Dubost, 2016; Molinsky et al., 2023). In Poland, while the government is in the early stages of developing intergenerational housing projects, the approach is gaining significant public support. It is recognized as a means of reducing social exclusion, with approximately 77% of older adults preferring intergenerational housing to senior-exclusive buildings (Kazak, 2023; Sengers & Peine, 2021).

Program Limitations

Despite its successes, research on intergenerational co-housing models has documented instances of intergenerational conflict stemming from lifestyle and value differences, which can lead some older adults to isolate themselves from their communities (Labit & Dubost, 2016). There is also concern about the participatory planning process, which is very slow and complex, with one project in Berlin taking over 20 years to complete due to the founding group lacking technical expertise, financing hurdles, and difficulty reaching consensus within the community (Labit & Dubost, 2016; Laforteza, 2022; Molinsky et al., 2023). While the intergenerational co-housing model could be politically difficult to implement in California, it demonstrates the importance of community building, participatory processes, autonomy, and a movement away from focusing solely on housing retention outcomes toward outcomes that reflect personal and community well-being.

Model Comparison and Key Features Analysis

To synthesize the findings from the international program analysis, Appendix G provides a structured comparison of the three models across five dimensions: policy design and housing

model, target population, funding mechanisms, political environment, and key strengths and weaknesses. While each model operates within a distinct national context and targets different populations, this comparison reveals several cross-cutting themes that inform the feasibility and desirability of adopting similar approaches in California, which the comparative policy transfer analysis that follows explores.

Comparative Policy Transfer Analysis

While these models demonstrate promising approaches abroad, their effectiveness alone does not guarantee applicability within California's legal, fiscal, and political environment. The following section evaluates the feasibility of adapting these practices to the California context. The demographic and contextual comparison table in Appendix E provides a structural basis for the analysis, demonstrating potential general limitations to potential generalizability, such as differences in population size, homelessness rates, and health care systems. These structural differences between California and the three countries inform and shape the proposed adaptation strategies.

Finland: Housing First and Shelter Conversion

Implementing Finland's Housing First model in California requires navigating significant structural, institutional, and political barriers, including a severe affordable housing shortage, fragmented governance, and fiscal volatility, that stand in contrast to the centralized, rights-based framework that has sustained Finland's model for nearly four decades.

Structural Compatibility

The primary structural difference between Finland and California is housing availability. Finland's Housing First model requires a consistent housing supply to provide housing to all individuals without preconditions, in line with its Constitutionally enshrined right to housing (O'Sullivan, 2022). In contrast, California has experienced a housing deficit, with only approximately 24 affordable housing units available for every 100 extremely low-income households (Prunhuber, 2024). This severe deficit may pose a threat to compatibility between Finland and California, as without housing availability, Finland's model becomes impractical, if not impossible, to implement. However, in recent years, Finland, like California, has faced structural strains from growing market pressures that affect housing affordability in major cities such as Helsinki (Busch-Geertsema et al., 2014). Nevertheless, these shared market pressures, while noteworthy, do not offset the fundamental gap in housing availability between the two regions, as California's deficit is considerably more severe and lacks the constitutional and policy infrastructure Finland has developed to address it.

In addition to differences in housing availability, specifically affordable housing, the process of building and acquiring housing in California is slower and more expensive than in Finland. In California, affordable housing projects in urban areas tend to take about four years to complete and cost between $400,000 and $700,000 per unit, with some projects in Los Angeles costing over $837,000 per unit, presenting a structural barrier to implementing Housing First on the same scale as in Finland (Streeter, 2022). These costs are only exacerbated by long development and approval timelines, which are often slowed by the California Environmental Quality Act

(CEQA) (Streeter, 2022). While California has taken steps to address these delays through the passage of AB 130 and SB 131 in 2025, which reduce the level of CEQA review required for various housing and industrial projects, these exemptions apply only to incorporated cities or areas developed for urban use (Chang et al., 2025). Therefore, the exemptions may not apply to rural CoCs, such as Butte, where the number of older adults experiencing homelessness is disproportionately high (Chang et al., 2025). However, other innovative programs in California have attempted to circumvent these barriers by acquiring buildings to create cost-effective permanent housing, such as Project Homekey. While these projects align with Finland's strategy of converting existing shelters and hostels into permanent housing, California, unlike Finland, lacks the permanent, ongoing funding needed to sustain projects like this on a larger statewide scale (O'Sullivan, 2022; Perez, 2023).

California also faces more demographic and geographic complexities than Finland. The total population of Finland is roughly 15% of California's, making the scale of implementing national-level homelessness policy in Finland similar to that of implementing a policy in a single California county. Moreover, Finland's model uses a centralized national-level policy implemented by municipalities, whereas California's response is much more fragmented across its 58 counties and 44 CoCs, making successful coordination much more challenging. The problem of California's fragmentation is exacerbated by differences in infrastructure availability and the wide distribution of unhoused older adults across the state. Finland's model relies on implementing the ACT model, which requires multidisciplinary support teams. This is feasible in a smaller context where the unhoused population is more concentrated in specific cities or municipalities, such as Helsinki, Tampere, Turku, and Espoo in Finland (Centre for State-Subsidized Housing Construction, 2026). However, in California, rural communities tend to lack the infrastructure for these services, and the population of unhoused older adults is spread across the entire state, requiring a more multi-layered, complex administrative structure that is incompatible with the Finnish model (The Scan Foundation, 2025).

Institutional Feasibility

Coordination failures, fractured governance structures, differences in Housing First, and institutional siloing complicate the institutional feasibility of transferring Finland's model to California. Unlike Finland's model, which has been described as a "showcase of wide partnership" among NGOs and across different levels of government, California faces coordination challenges in bridging the aging and homelessness service sectors and health and housing programs (O'Sullivan, 2022). The aging and homelessness service sectors in California tend to be siloed, failing to share relevant expertise, which leads to ineffective and potentially harmful services and conditions for older adults experiencing homelessness, such as shelters using bunk beds that are extremely challenging for older adults, especially those with mobility limitations, to navigate. This same coordination challenge can be seen in California's complex administrative structure and inconsistent eligibility definitions across programs that make it difficult for unhoused older adults to access the services that are designed to help them.

Moreover, unlike Housing First models like Finland, which emphasize permanent, independent housing as the primary outcome, under §8255(d)(1), California's Housing First approach focuses on "time-limited rental or services assistance" (Perez, 2023). Rather than guaranteeing housing,

California's Housing First approach supports services that help people access permanent housing by providing temporary aid, making older adults experiencing homelessness in California much more likely to cycle through temporary programs without achieving housing stability (Rodilla et al., 2023).

Political Feasibility

The political feasibility of implementing Finland's Housing First model in California is likely the most challenging hurdle for transfer, as California's structural resistance, fiscal instability, and shifting intergovernmental landscape run counter to the primary reason Finland's model was so successful: a broad bipartisan political consensus. Unlike Finland, where a centralized planning system is used to implement its policy and housing is viewed as a right, California's response to reducing older adult homelessness has been marred by local resistance and a "not in my back yard" mentality (NIMBYism), which slows or stops housing development. California has attempted to address this through AB 130, which limits cities and counties to five public hearings on qualifying housing projects and sets timelines for agency decisions, preventing delays or blocking projects that would otherwise meet local standards and requirements (Chang et al., 2025). Nonetheless, local resistance, project delays, and NIMBYism continue to limit the political feasibility of implementing a model similar to Finland (Kelly Bruno-Nelson, personal communication, February 17, 2026).

California also faces much greater volatility, both in investment and in its political landscape, than Finland. The success of Finland's model depends on a long-term, stable commitment to investing in permanent housing. However, California operates in a more volatile fiscal environment, relying on capital gains and high-income taxpayers, which makes sustained long-term investment challenging because the budget is sensitive to economic cycles (Rauh & Ludwig, 2023). As discussed above, California is projected to face a $18 billion deficit in FY2026–27 (LAO, 2026; Davalos, 2024; Reid et al., 2022). This deficit and funding instability pose a direct threat to all homelessness funding and programs. Therefore, California tends to rely on one-time funding streams rather than ongoing ones, which limits the sustainability of long-term programs, such as Finland's Housing First model (Perez, 2023).

This instability is only exacerbated by leadership turnover and federal-level policy shifts that threaten the foundation of Housing First. As of 2025, President Trump signed an executive order to overhaul the Housing First model, moving toward a federal policy strategy focused on involuntary treatment, institutionalization, and law enforcement involvement in health data. This recent dramatic change in federal housing policy priorities underscores heightened instability for long-term homelessness projects targeting older adults, as California's policies are vulnerable to political turnover, making short-term interventions more favorable than long-term systemic changes like Finland's model.

Barriers to Implementation

While the preceding sections detail many of the barriers to implementation, Table 6 below consolidates the key implementation challenges, the existing California tools available to address them, and the extent to which those tools are sufficient. Notably, while recent legislation has

partially addressed California's regulatory barriers, the institutional and political barriers remain largely unresolved. It is these unresolved barriers that directly inform the adaptation strategies that follow: establishing a rights-based legal foundation, leveraging CalAIM to bridge the institutional silo, and scaling Homekey and surplus land conversion to overcome the structural housing shortage.

Table 6: Key Barriers to Implementing Finland's Model

Barrier	Core challenge	Existing California tools	Status
Regulatory **CEQA delays and development costs**	Unit costs of $400,000–$837,000+ make Housing First infeasible at scale	AB 130 and SB 131 (2025) reduce CEQA review for urban infill; Homekey as a conversion alternative	Partially addressed Exemptions apply to urban areas only; rural CoCs remain exposed
Regulatory **NIMBYism and local resistance**	Local planning opposition blocks developments despite full funding, as seen in the $50M CalOptima project in Tustin	AB 130 (2025) caps public hearings at five and sets mandatory agency decision timelines for qualifying projects	Partially addressed Procedural limits help, but do not eliminate local political opposition
Institutional **Fragmented governance and siloed services**	California's 58 counties and 44 CoCs lack the centralized coordination Finland uses; the aging and homelessness sectors operate without shared expertise	CalAIM offers a pathway to bridge health and housing through Medi-Cal waivers	Largely unresolved No structural mandate for cross-sector coordination currently exists
Institutional **Redefined Housing First (WIC §8255)**	California's statutory Housing First focuses on time-limited assistance rather than Finland's unconditional permanent tenure, increasing cycling through temporary programs	§8255 may offer partial insulation from federal rollback	Largely unresolved Would require legislative amendment to align with Finland's permanent housing model
Institutional **Fiscal volatility**	99% of California homelessness funding is one-time; $18B FY2026–27 deficit threatens HHAP; budget sensitive to economic cycles due to capital gains reliance	SB 131 (2025) establishes a seventh round of HHAP funding	Largely unresolved One additional funding round does not substitute for Finland's permanent ongoing subsidy model
Political **Federal Housing First rollback**	President Trump's 2025 executive order overhauled Housing First in favor of involuntary treatment, institutionalization, and law enforcement involvement, threatening the foundation of CalAIM and CoC-aligned programs	WIC §8255 may provide state-level insulation; extent unconfirmed	Unresolved Active federal threat with no confirmed state-level buffer in place

Adaptation Strategies

Given the substantial barriers to implementing Finland's model in California, successfully translating it to California's context requires major political, social, and regulatory shifts. Most importantly, California would have to shift from a reactive, crisis-management approach to a rights-based, systemic framework. Finland's model is built on treating housing as a foundation for health and a fundamental right, rather than something earned. Therefore, to best align California with this approach, a Homeless Bill of Rights should be adopted to make "safe and adequate housing" a right, moving California toward the ideal and priority of unconditional, permanent housing (Perez, 2023). However, this is likely politically unfeasible in California.

Another potential adaptation strategy is to integrate the ACT model into CalAIM. This could be accomplished by embedding In-Home Supportive Services (IHSS) workers into permanent supportive housing, formalizing Los Angeles' Housing Works model (Prunhuber, 2024). By using CalAIM's Enhanced Care management to embed IHSS workers into permanent supportive housing, unhoused older adults will be able to access the services that they need to manage their ADLs effectively. Another option would be to use CalAIM waivers to fund ACT-style mobile supports, which would help mitigate concerns about a lack of services in rural communities and the wide dispersion of unhoused older adults across the state (Prunhuber, 2024). These "portable supports" would be able to meet individuals wherever they are, helping facilitate "aging in the right place" (Canham et al., 2021).

Finally, to adopt a program similar to Finland's, California should scale up programs like Project Homekey to convert existing buildings into permanent housing, helping mitigate delays and development costs associated with new projects while increasing housing affordability and availability. This could be accomplished by leveraging AB 130, which removed exemptions that school districts had used to bypass the Surplus Land Act's notification requirements, meaning former school sites must now be offered to affordable housing sponsors through the standard surplus land process before being sold for other purposes, increasing the pool of sites available for affordable housing development (Chialtas et al,. 2025; Smith, 2025).

Australia: Specialized Residential Aged Care

Implementing Australia’s specialized care models into a California context requires addressing significant structural shortages, a lack of clinical pathways for unhoused older adults with higher care needs, and institutional silos.

Structural Compatibility

California and Australia are structurally similar, as both regions have similar demographics and face similar economic challenges. Not only are the rates of homelessness and the percentages of unhoused older adults similar (see Appendix E), but both regions also share a similar concern regarding an increase in older adults experiencing homelessness (O’Connor et al., 2023). Moreover, researchers and practitioners in both regions have begun using 50 as a common threshold for defining an unhoused older adult, allowing for greater comparability between the two regions (Rota-Bartelink, 2011). Economically, both regions have high-cost housing markets

with a shortage of affordable housing for extremely low-income individuals, which functions as a primary driver of homelessness (Preti, 2024).

However, there is a significant difference between the current systems in the regions, Australia's specialized infrastructure, and California's shelter system. As discussed previously, the Australian model uses purpose-built housing with universal design and trauma-informed features (O'Connor et al., 2023). In contrast, California's current response tends to focus on emergency congregate shelters, which are often physically inaccessible to older adults, leading some shelters to deny entry to high-needs older adults who are deemed a "liability risk" (Prunhuber, 2024). This structural gap between Australia's purpose-built, clinically equipped residential care facilities and California's congregate shelter system represents the most significant barrier to compatibility, as California would need to substantially expand its specialized residential infrastructure before a model like Australia's could be implemented at a meaningful scale.

Institutional Feasibility

While California and Australia share compatible structures that can facilitate policy transfer, the regions have very different approaches to governing and mandating services for older adults. Australia operates under the Aged Care Act of 1997, creating a centralized national framework (Rota-Bartelink, 2011). In contrast, California's response tends to be fragmented, with no state-level or national-level mandate for integrated residential care. Moreover, while Australian law recognizes unhoused older adults as a "special needs group," allowing for the easier allocation of specialized government subsidies for integrated clinical and housing benefits, California lacks such a legal distinction (Rota-Bartelink, 2011). This lack of acknowledgment of the special status of unhoused older adults leads to a service gap, especially for those between the ages of 50 and 64 who tend to be ineligible for age-based benefits, such as Medicare. Without a statutory mandate, such as specialized legal distinctions or lowering of eligibility thresholds, implementing a high-cost specialized model like Australia's is legally complex.

Political Feasibility

Similar to the political feasibility challenges of implementing the Finnish model in California, development delays caused by local resistance and planning barriers limit the political feasibility of the Australian model. In Australia, there is more centralized federal and state coordination, and, as a result of legislative recognition of unhoused older adults as a "special needs" group, projects targeting them have greater public support (Rota-Bartelink, 2011). In contrast, in California, local political dynamics and resistance can significantly derail projects targeted at unhoused older adults (Streeter, 2022). This is also the result of very different political priorities in the regions. People in Australia place a high value on aging in place, viewing home-based and residential care projects as preferred to institutional care (Alsaeed et al., 2025). However, in California, people are more divided, with debates over funding temporary shelters or building permanent supportive housing (Streeter, 2022). Therefore, the level of high-intensity in-home care required by the Australian model could be politically infeasible, as it may be difficult to garner support for non-short-term, non-visible solutions (Streeter, 2022).

Moreover, the Australian model faces much less political volatility due to a federal legislative framework, the Aged Care Act of 1997, which sets long-term commitments and legislative strategy. While the California Master Plan on Aging sets priorities for ending older adult homelessness, given political volatility and federal-level policy shifts, there is little guarantee that this will remain a priority under future administrations, making the high-cost investment required for clinical residential models like those in Australia politically infeasible.

Barriers to Implementation

While the preceding sections detail many of the barriers to implementation, Table 7 consolidates the key implementation challenges, the existing California tools available to address them, and the extent to which those tools are sufficient. Unlike Finland, where structural incompatibilities around housing availability and scale present the most significant barriers, Australia's implementation challenges are concentrated in the gap between its centralized, legislatively grounded framework and California's fragmented governance structure. This gap is most evident in the absence of a statutory mandate for integrated residential care, the age eligibility gap that leaves unhoused older adults aged 50 to 64 without access to targeted benefits, and persistent political barriers stemming from local resistance and fiscal volatility. It is these largely unresolved barriers that directly inform the adaptation strategies that follow: lowering the older adult threshold to age 50, leveraging CalAIM to fund multidisciplinary clinical support, and scaling purpose-built residential facilities through targeted acquisitions.

Table 7: Key Barriers to Implementing Australia's Model

Barrier	Core challenge	Existing California tools	Status
Regulatory **Age eligibility gap (50–64)**	Unhoused older adults aged 50–64 are ineligible for age-based benefits such as Medicare, despite functioning biologically as seniors; this creates a service gap where individuals are too frail for standard adult shelters but too young for senior-specific systems	No existing legislative vehicle; Australia's "special needs" designation is the direct model for what California lacks	Unresolved Requires new state legislation; no current California bill addresses this directly
Regulatory **Development delays and local resistance**	Local political dynamics frequently derail projects targeting unhoused older adults; California lacks the centralized coordination and legislative protection that enabled Australian projects to proceed	AB 130 and SB 131 (2025), as referenced in the Finland section	Partially addressed Recent legislation addresses procedural delays, but not the absence of clinical residential project protections
Institutional **No statutory mandate for integrated residential care**	California has no equivalent to Australia's Aged Care Act of 1997, which recognizes unhoused older adults as a "special needs" group and enables specialized subsidies; without such a mandate, high-cost specialized models are legally complex to implement	No existing legal distinction or mandate at the state or federal level	Unresolved Would require new state legislation comparable to Australia's Aged Care Act
Institutional **Fragmented governance and lack of mandate**	California has no state-level mandate for integrated residential care; aging and homelessness sectors operate without shared expertise, resulting in services that fail to meet the functional needs of unhoused older adults	CalAIM offers a partial pathway through Medi-Cal waivers	Largely unresolved No structural mandate for cross-sector coordination or integrated residential care currently exists
Political **Fiscal volatility and divided public priorities**	California's Master Plan for Aging is non-binding and offers no continuity guarantee across administrations; public priorities are divided between temporary shelters and permanent supportive housing, making sustained high-cost clinical residential investment politically difficult	California Master Plan for Aging sets priorities but is non-binding	Largely unresolved Master Plan priorities do not substitute for the legislative durability of Australia's Aged Care Act

Adaptation Strategies

Implementing Australia's specialized residential aged care model into California's context would require a strategic shift in legal definitions, funding, and physical infrastructure. First, to effectively implement Australia's approach, California would need to lower the threshold for older adults to 50 in the context of homelessness. Not only would this better align with research on accelerated aging, but it would also help bridge the service gap for those aged 50 to 64. This gap is already being addressed in Australia under the Aged Care Act.

Additionally, California can use CalAIM waivers to help fund multidisciplinary clinic support to match the quality of care implemented in Australia. This would include nurses, neuropsychologists, and peer workers to manage individuals' complex needs (Rota-Bartelink, 2011; Rota-Bartelink, 2016). By harnessing CalAIM to provide high-intensity "wrap-around" care, as in Australia, California could better bridge the gap created by the "institutional silo" that tends to divide health interventions and residential placement programs (Prunhuber, 2024). To institutionalize this bridging mechanism, California could mandate formal partnerships between Area Agencies on Aging and CoCs, ensuring that expertise in aging and homelessness services is shared rather than siloed (Prunhuber, 2024).

Moreover, to scale the Australian model to California, there also needs to be a shift from an emphasis on congregate shelters towards smaller-scale, purpose-built residential facilities through targeted acquisitions. This could be done through scaling projects like Project Homekey and incorporating mandatory universal design and barrier-free infrastructure to help older adults age in place. Together, these adaptation strategies represent a meaningful step toward addressing the structural, institutional, and political barriers that currently prevent California from implementing a model similar to Australia's.

Germany and Poland: Intergenerational Co-Housing

Germany and Poland's intergenerational co-housing model takes a fundamentally different approach from that of Finland and Australia. Rather than responding to homelessness after it occurs, it functions as a preventive strategy. By developing mixed-age communities that promote mutual support, independence, and affordability, this model addresses the structural and social conditions that drive older adults into homelessness in the first place.

Structural Compatibility

All three regions have faced the same growing challenge: an increase in the number of older adults, driven by a significant demographic shift, that threatens existing safety nets. This is coupled with housing market challenges stemming from affordable housing deficits for low-income residents. As in Germany and Poland, the high cost of living in California tends to affect two populations in particular: older adults and students with fixed incomes (Matter & Protopappas, 2025). This high cost of living and the shared burden across generations demonstrate structural compatibility between the regions.

California's existing housing stock primarily consists of single-family residences and is therefore not well-suited to multigenerational living (Wise, 2024). However, California has many potential sites for these communities on surplus public land, mirroring Germany's site-selection strategy. To be successful in developing communities, intergenerational projects, such as the Werkpalast project in Berlin, renovate former abandoned kindergartens (Molinsky et al., 2023). This same strategy has been done in the United States as well, albeit not at the same scale. For example, the Hope Meadows project in Illinois converted 22 acres on a former air force base, and the 2Life Communities project on a former hospital site (Molinsky et al., 2023). Moreover, California has attempted small intergenerational pilots, such as Home Share OC and the Pomona Intergenerational Village, and has shown a demonstrated interest in the goals of intergenerational housing through the promotion of Accessory Dwelling Units (ADUs) (Dieker et al., 2019; Laforteza, 2022; Matter & Protopappas, 2025; Molinsky et al., 2023).

Institutional Feasibility

A primary barrier to the institutional feasibility of implementing Germany and Poland's intergenerational housing model in California is siloed funding and bifurcation. In California, housing dollars tend to be split into distinct categories, senior housing and family housing, complicating intergenerational projects (Wise, 2024). Moreover, as seen in earlier pilots in the United States, when building intergenerational communities, developers tend to be forced into bifurcation, the dividing of land and money into distinct legal entities to meet funding requirements, which takes up significant time and resources that could be used for community building (Wise, 2024). To overcome these problems in Germany, the Wohnen für (Mehr)Generationen program provides small grants for projects, acting as a seal of approval, and municipalities often act as landholders, reserving sites until projects can secure adequate funding (Molinsky et al., 2023). However, there is no systemic equivalent in California.

Beyond general threats to institutional feasibility, there are other, more specific limitations to implementing the German and Polish models in California. First, Poland has specific social housing waitlist requirements that would be difficult to navigate in a California context, as skipping someone in line to achieve an age balance may be illegal under federal law (Sengers & Peine, 2021). The federal Fair Housing Act prohibits a community from excluding families with children unless it meets the requirements for the Housing for Older Persons (HOPA) exemption, which requires that 80% of the units have at least one resident aged 55 or older (Wise, 2024). This means that an intergenerational housing community in California cannot selectively curate its age mix. For example, a community could not turn away a young family to maintain a specific age ratio. Therefore, the only legal way to control the age composition in a community is to meet the criteria of the HOPA exemption. However, his rule not only fails to align with the accelerated aging of unhoused older adults but would also limit the number of younger individuals in the intergenerational community, conflicting with the flexibility needed for true intergenerational balance.

Political Feasibility

California has demonstrated a special interest in expanding housing for older adults. This is demonstrated in the Master Plan for Aging, which sets the state's priorities for policies focused

on older adults by emphasizing "housing for all ages and stages" (Prunhuber, 2024). This emphasis provides a political opening for intergenerational housing funding. Despite the substantial influence of the Master Plan for Aging, NIMBYism and local resistance could still threaten the political feasibility of developing intergenerational housing. Moreover, unlike Germany and Poland, which have grassroots political movements promoting intergenerational housing, California lacks such broad support. For example, Germany has a century-long tradition of “gemeinschaftswohnen”, or communal living, which has built long-standing political support for intergenerational projects (Molinsky et al., 2023). While California lacks a single large-scale legislative advocate for intergenerational co-housing, it is possible that the California Commission on Aging or AARP could potentially function as champions to develop political support for growing this housing model in the state, as both organizations have demonstrated interest in this solution for unhoused older adults and those at risk of experiencing homelessness.

Barriers to Implementation

While the preceding sections detail many of the barriers to implementation, Table 8 consolidates the key implementation challenges, the existing California tools available to address them, and the extent to which those tools are sufficient. Unlike the other models, the barriers to implementing the German and Polish models are more narrowly concentrated in legal design conflicts and institutional funding gaps. Specifically, the tension between federal Fair Housing requirements and the clinically supported age-50 threshold, combined with the absence of any mechanism to blend dollars for senior-only and family-only housing, represents the most significant and largely unresolved challenge to implementation in California.

Table 8: Key Barriers to Implementing Germany and Poland's Model

Barrier	Core challenge	Existing California tools	Status
Regulatory **Fair Housing Act and age-based selection**	HOPA exemption requires 80% of units to have a resident aged 55+, conflicting with the clinically supported age-50 threshold and limiting the proportion of younger residents in the community	No existing tool; strategic tenant selection within the 20% non-exempt units as a partial workaround	Unresolved Requires federal reform or careful program design to remain compliant
Regulatory **CEQA delays and high development costs**	Long approval timelines and unit costs of $400,000–$837,000+ are especially prohibitive for resident-led groups, who cannot sustain projects for that long	AB 130 and SB 131 (2025)	Partially addressed Exemptions apply to urban areas only; resident-led groups remain most exposed
Institutional **Siloed funding and bifurcation**	Housing dollars split into senior-only and family-only categories force developers into bifurcation, consuming time and resources; no California equivalent to Germany's Wohnen für (Mehr)Generationen catalyst grants exists	No systemic equivalent exists	Largely unresolved Requires legislative reform to allow blending of senior and family funding streams
Institutional **Waitlist and ethical selection conflicts**	23 affordable units per 100 ELI households, so selecting residents based on social fit or age balance rather than waitlist order is ethically and legally difficult to justify; Poland's social housing laws require selecting the next person on the waitlist, making demographic curation hard to replicate	No existing tool	Largely unresolved Tension between waitlist equity and intentional demographic mix requires explicit policy guidance
Political **Lack of grassroots constituency**	California lacks Germany's century-long communal living tradition (gemeinschaftswohnen); no organized political constituency or legislative champion currently advances this model, and NIMBYism could further threaten feasibility	Master Plan for Aging provides a political opening; the California Commission on Aging and AARP were identified as potential champions	Partially addressed A political opening exists, but no organized constituency currently advances this model

Adaptation Strategies

Despite these limitations, the German and Polish intergenerational housing models are the most likely to be successfully transferred into a California context, given the existing successful pilots and the political motivation under the Master Plan for Aging. Therefore, a more detailed explanation of implementation strategies will be provided in the recommendation section of this report. However, there are a few key adaptation strategies to focus on. First, as it was with the Australia approach, it is crucial to lower the age threshold of existing policies to 50 for unhoused populations or those at risk of experiencing homelessness (Dieker et al., 2019). However, this threshold creates a design constraint for intergenerational projects under federal law, specifically

the HOPA Exemption (Molinsky et al., 2023). To maintain the multigenerational character of the community, program developers would need to reserve the non-exempt 20% of units for younger residents, such as students or working-age adults, while the exempt 80% would be reserved for those aged 55 and older, with intentional outreach to those aged 50 to 54 to ensure they are not excluded from the community. In the longer term, California should advocate for federal reform to establish an exemption for low-income individuals over the age of 50, or to lower the HOPA threshold from 55 to 50, to fully align with evidence of accelerated aging and eliminate this design constraint.

To fund construction, California could offer state-level grants for communal infrastructure to incentivize shared spaces rather than individual units (Molinsky et al., 2023). This could be modeled after the Wohnen für (Mehr)Generationen program, which provides targeted grants of around €100,000–€115,000 to help resident groups construct shared spaces such as common rooms and kitchens (Molinsky et al., 2023).

Once successfully developed, the intergenerational projects should follow the same design as the German and Polish models, with “buffer-zones” for informal interactions, such as courtyards, cafes, and workshops, allowing for organic interactions (Dieker et al., 2019). Moreover, these projects should integrate barrier-free infrastructure and universal design features, such as zero-step entrances and extra-wide hallways (Dieker et al., 2019). This would help facilitate aging in place and the development of mutual support networks.

Final Recommendations and Conclusion

Across interviews, program reviews, and comparative analysis, three recurring policy needs emerged: housing stability, system coordination, and accessibility. The following recommendations prioritize interventions that are both evidence-informed and politically feasible within California's existing policy environment.

Recommendation #1: Invest in Intergenerational Housing

The first recommendation is that the California Senate Office of Research prioritize intergenerational housing as a pathway for reducing the rates of older adult homelessness in California. Intergenerational housing is a preventive measure for older adult homelessness, encouraging mutual support, social connections, and housing stability between generations. This recommendation is explicitly positioned as a prevention strategy for those at risk of late-onset homelessness rather than a recommendation targeted at those experiencing chronic homelessness. Therefore, this program would target three target populations: those over the age of 50, with priority given to those at risk of experiencing homelessness, reciprocal cohorts such as graduate students facing unaffordable housing options, and "grandfamilies", or low-income grandparents raising their grandchildren, addressing a gap in affordable multi-bedroom older adult housing (Dieker et al., 2019; Matter & Protopappas, 2025). This recommendation is also consistent with Goal 1 of California's Master Plan for Aging, which focuses on "Housing for All Ages and Stages" (California Department of Aging, 2025). The following sections describe the motivation for this recommendation, implementation strategies, and design considerations needed for successful adoption and translation to California.

Community Building and Isolation

The severing of an older adult's social network, as a result of a life event such as the death of a spouse or caregiver, is a common precipitating event for late-onset homelessness, as many older adults on fixed incomes may find themselves less able to manage the resulting economic "shocks" (Dieker et al., 2019; Dr. Kate Wilber, personal communication, October 28, 2025; Kelly Bruno-Nelson, personal communication, February 17, 2026; Matter & Protopappas, 2025). Moreover, loneliness is a risk factor for depression, premature mortality, and cognitive decline, which can magnify the older adult's risk of experiencing homelessness by making it increasingly difficult to negotiate and work within complex social and healthcare service systems (Matter & Protopappas, 2025; Wise, 2024). Loneliness and social networks are also predictors of stability. Studies have shown that, among individuals who regain housing, a large social support network predicts long-term stability (Canham et al., 2021; Kwan, 2025). In contrast, social isolation increases the likelihood of becoming unhoused again.

By providing a "communal safety net" that functions as an informal buffer against housing loss, intergenerational housing models address social isolation, identified by both scholars and those experiencing homelessness as a primary driver of housing instability for older adults. Intergenerational housing models move beyond providing shelter. Rather, they provide intentionally designed environments that promote social connections and mutual support through companionship and mutually beneficial assistance across generations, such as health navigation

and transportation. Intergenerational housing not only decreases rates of depression and feelings of isolation but also improves long-term health outcomes for older adults. For example, in Germany, intergenerational housing has been associated with better health outcomes than conventional housing (Molinsky et al., 2023). Moreover, by providing social support, intergenerational housing promotes easier identification of older adults who are at risk of experiencing homelessness, allowing for earlier interventions before the individual becomes unhoused (Van Berkum et al., 2025). These benefits are not exclusive to older adults. As seen in pilot programs in California, intergenerational housing fosters a sense of purpose and belonging among all residents. A graduate student living in a pilot intergenerational project in California noted that "listening to stories, supporting their daily needs... deepened my understanding of what compassionate care really means" (Matter & Protopappas, 2025)

To achieve this sense of community and mutual support, three key structural features must be integrated into any California model to ensure its success. First, there must be centralized and visible shared facilities. This could be communal kitchens, media rooms, libraries, or small gathering spaces along hallways. These shared spaces allow residents to "see and be seen", leading to increased social contact and stronger communal bonds (Molinsky et al., 2023). Second, each community should be open to the community or surrounding neighborhoods through ground-level buffer zones, such as public courtyards, cafes, medical centers, or daycare centers, not only positioning the intergenerational housing project as an asset to the community, but also allowing residents to access goods and services, including medical assistance, easily (Dieker et al., 2019; Matter & Protopappas, 2025). Third, each community should offer a range of apartment sizes and unit designs to help ensure a balanced demographic. Successful intergenerational housing projects have included townhomes, usually preferred by families, as well as "bungalow courts", preferred by single older adults with mobility limitations, allowing for a variety of preferences and needs within the same building (Dieker et al., 2019).

State Catalyst Grant Programs

To successfully implement intergenerational housing in California, the structural failure of traditional housing subsidies, which primarily focus on building and developing private units rather than communal spaces, must be addressed. Communal infrastructure, like common rooms and kitchens, is a key pillar of intergenerational housing. However, California's current regulatory environment imposes a financial disincentive on building shared common areas, as funding sources such as the Low-Income Housing Tax Credit incentivize developers to maximize the number of private units rather than communal spaces (Molinsky et al., 2023). Therefore, California should develop a catalyst grant program modeled after Germany's Wohnen für (Mehr)Generationen, which provides grants of €100,000 to €115,000 to support the development of intergenerational projects (Molinsky et al., 2023). These targeted grants provide funds that are critical to beginning the development phases of these communities while also functioning as a "seal of approval", opening the door for these developments to secure other loans or subsidies that would otherwise be challenging to access (Molinsky et al., 2023). California implementing small catalyst grants would provide the additional funding needed to help developers justify including shared spaces, where residents can gather, socialize, and connect, which is essential for building the support networks necessary for preventing isolation, depression, and older adult homelessness.

Land Use and Zoning Reform

In implementing intergenerational housing projects, California should be innovative in how they use its land. First, California should utilize AB 130, which removed exemptions for school districts and required them to offer land to affordable housing projects before other potential buyers, to find available land that can be acquired on favorable terms (Chang et al., 2025; Chialtas et al., 2025; Smith, 2025). Second, California should adopt the approach of German cities, such as Hamburg, and hold and lease land to intergenerational communities in early development until they can secure sufficient financing (Molinsky et al., 2023). Third, rather than developing new constructions, California should encourage the conversion of existing buildings, such as historic buildings or those in central areas in neighborhoods, allowing older adult residents to integrate more easily into the social fabric of the area, potentially in the same community where they previously resided (Molinsky et al., 2023). The "conscious retrofitting" of existing buildings is now more feasible in California under SB 131, which reduced CEQA-related legal delays that would usually delay projects in neighborhoods (Chang et al., 2025; Sengers & Peine, 2021).

In the immediate term, accessory dwelling units (ADUs) and strategic zoning reforms that incentivize ADU construction could provide a path to formalize the informal intergenerational housing arrangements that already exist, which prevent many older adults from experiencing homelessness (Cai et al., 2023). In Los Angeles County, over 45,000 ADUs were permitted in 2023 alone, making it the best available equivalent to an established intergenerational housing program (Schuetz, 2024). ADUs are widely considered "adaptable housing for the life span" due to their ability to evolve with family needs, making them a flexible option for keeping multiple generations in a shared living environment (Dieker et al., 2019; Laforteza, 2022; Wise, 2024). ADUs foster co-dependence rather than individualism by allowing older adults to remain with family, caregivers, or other community members and maintain their social networks, rather than entering institutional care, which is often costly (Molinsky et al., 2023). While ADUs allow for proximity to social networks, they also allow for privacy for both the older adult and those they live with, making ADUs a socially feasible path towards greater acceptance of intergenerational housing arrangements in California (Laforteza, 2022). While denser development and zoning reforms tend to face NIMBYism, this can be overcome through lobbying and collaborative governance efforts, as seen in the Bridge Meadows project in Oregon, which overcame severe NIMBYism through door-to-door lobbying and providing seats on the project's design board to neighbors (Wise, 2024).

Limitations

While the evidence and pilot programs for intergenerational initiatives have been promising, several limitations to this recommendation must be addressed. Current research on intergenerational housing is limited, often relying on qualitative case studies rather than rigorous evaluative designs (Dieker et al., 2019; Molinsky et al., 2023). Moreover, there is a lack of California-based examples of intergenerational programs operating at scale. At the implementation level, generational conflict stemming from lifestyle and value differences can cause older adults to isolate themselves further if not carefully managed by a professional mediator (Labit & Dubost, 2016). Additionally, there are potential ethical and legal concerns

about selecting residents based on age or social fit, especially in California, where affordable housing is limited. While intergenerational housing is not a panacea for the full scope of California's older adult homelessness crisis, it is an innovative strategy to address the intersecting and growing pressures of an aging population, unaffordable housing, and social isolation, offering California a viable path forward toward building more equitable, affordable, and community-centered housing solutions for vulnerable older adults.

Recommendation #2: Improve Data Collection

The California Senate Office of Research team's second recommendation is that California legislators prioritize improving data collection on older adult homelessness across both quantitative and qualitative dimensions. The current data landscape presents significant gaps that constrain policymakers' ability to understand the full scope of the crisis, evaluate the effectiveness of existing programs and interventions, and make a case for sustained investment or replication. Determining which programs should be expanded, replicated, or restructured to ensure that investments reach the populations most in need requires a stronger data infrastructure. Currently, with data collection efforts largely driven by HUD compliance requirements rather than program evaluation, California legislators have limited ability to assess the effectiveness of the programs that already receive investment.

Quantitative Data Collection

While valuable, current homelessness counts systematically undercount the number of older adults experiencing homelessness in California. The reliance on Point-in-Time Counts, paired with a 55- or 65-year-old threshold, means the current figures obscure the true scale of the older adult homelessness crisis in California.

Therefore, California legislators should pursue several improvements to existing data-collection methodologies to ensure accurate counts.

1. Fund more frequent counts, beyond the annual Point-in-Time snapshot.
2. Standardize the age threshold used across all data collection efforts to 50+, consistent with the growing body of research on accelerated aging among unhoused older adults.
3. Require HMIS participation among a broader set of service providers, including those not currently receiving federal or state funding, to reduce undercounting.

Beyond improving counts, California lacks consistent and reliable data on the effectiveness of its homelessness programs. Without this data, it is difficult to determine which existing programs should be expanded, replicated, or discontinued. Therefore, legislators should consider establishing standardized outcome tracking requirements across all state-funded homelessness programs. These programs should be required to report on: program costs, housing placement and retention rates, demographic breakdowns, and service utilization rates. While standardized outcome tracking will require significant upfront investment, it is a necessary condition for making a credible fiscal case for sustained funding.

Qualitative Data Collection

Quantitative data alone, however valuable, are insufficient to understand the lived experience, barriers, and needs of older adults experiencing homelessness in California. Our thematic analysis yielded insights into trust, dignity, administrative burden, peer connection, and related topics that were not evident in homelessness counts or program participation rates, underscoring the value of sustained qualitative inquiry.

Therefore, California legislators should invest in sustained, systematic, qualitative data collection on the experiences of this population, funding regular interviews and focus groups with older adults across a range of settings and counties, sheltered and unsheltered, urban and rural. Rather than a one-time research exercise, this qualitative data collection should be embedded in program design and evaluation as an ongoing feedback mechanism, with findings informing eligibility criteria, outreach strategies, and program design.

Recommendation #3: Prioritize Program Accessibility

A third recommendation for the California Senate Office of Research is to inform California legislators about the importance of expanding state and county programmatic offerings to provide affordable, accessible housing for older adults experiencing homelessness. Across the research and policy analysis examined, including interviews with older adults experiencing homelessness from the NHF recuperative care facilities, there are significant difficulties in navigating and accessing supportive services. Older adults experiencing homelessness want their voices heard and acknowledged in affordable and accessible housing policies, with the outcome of "[being] heard and taken care of" (Subject 13, personal communication, March 30, 2026). To address these issues, increasing awareness of program offerings, improving the physical accessibility of housing facilities and amenities, and expanding health care services and addressing needs are important recommendations. Additionally, not all of the California state programs examined in the research under the Multi-Attribute of state programs solely serve the needs of older adults. Therefore, California legislators should promote accountability, transparency, and equity in assisting the needs of older adults experiencing homelessness.

Increase Awareness

A consideration for the recommendation of program accessibility is increasing awareness. Interviews with older adults experiencing homelessness have shared limited access and knowledge of available services in the instance of: "Nobody tells you, and then when people do know about it, they don't share" (Subject 13, personal communication, March 30, 2026). The response to increase awareness aligns with the views of stakeholders interviewed from the California Department of Aging, who suggested that building and maintaining trust among older adults experiencing homelessness is essential to raising awareness of pragmatic offerings (Lallian et al., personal communication, February 6, 2026). Furthermore, the California Department of Aging stakeholders have also recommended bridging partnerships among aging networks and housing networks through trusted sources, for example, services that older adults currently use, may increase program accessibility in other program networks (Lallian et al., personal communication, February 6, 2026). Additionally, word-of-mouth communication from

peers and individuals with lived experience is essential for sharing information about programs and services and for promoting advocacy and support for pragmatic offerings (Lallian et al., personal communication, February 6, 2026). A suggestion for this recommendation is that California legislators develop strategic campaigns led by older adults experiencing homelessness, who share their lived insights and experiences. These campaigns should emphasize transparency in increasing awareness of housing programs that meet the service needs of older adults at risk and/or experiencing homelessness. Another aspect of increasing accessibility is the accountability of administrators of shelters, interim housing, permanent housing, and intergenerational housing programs in addressing the physical accessibility of facilities and amenities for older adults experiencing mobility limitations.

Prioritize and Expand Healthcare Services

The next consideration for prioritizing program accessibility is also to prioritize and expand health-related needs and services. The California Senate Office of Research should inform California legislators to emphasize affordable and accessible housing congruently with geriatric health, preventive care, and mental health management. As individuals age and enter older adulthood, they may need more health services; state and local programs should integrate the expansion of geriatric, preventive, and mental health care. Furthermore, the expansion of health-related services must be long-term in alignment with housing support. Recommendations for increasing healthcare services for state and local housing programs are medical appointment scheduling and transportation, physical activities, balanced meals, and medical prescription services. California legislators should also consider implementing the ACT model, as seen in Finland. The ACT model takes a personalized, community-based approach that connects individuals with permanent housing while integrating ongoing healthcare and supportive services. By bringing care directly to individuals, rather than requiring them to navigate services on their own, the ACT model ensures that housing stability and health needs are addressed together, not in isolation.

Overall, these recommendations highlight the needs and importance of person-centered and transparent approaches addressing the interconnectivity of housing and social support needs of older adults experiencing homelessness.

Conclusion

Addressing older adult homelessness in California demands a fundamental rethinking of how the state designs and delivers services to a population whose distinct needs are largely unmet. The three recommendations presented in this report, investing in intergenerational housing, improving data collection, and prioritizing program accessibility, are grounded in the experiences of older adults living through this crisis, the expertise of practitioners and researchers working within it, and the lessons of jurisdictions that have made substantial progress in addressing it. While none of these recommendations are without challenges, together they offer a set of actionable, evidence-based policy directions that reflect the complexity of the crisis and the urgency of response it demands. The growing rate of unhoused older adults will not resolve itself, and without deliberate and sustained policy intervention, the population of older Californians experiencing homelessness will continue to grow. By placing evidence-grounded,

policy-relevant research in the hands of California legislators, the California Senate Office of Research can help ensure that the experiences and needs of older adults experiencing homelessness are not lost in the complexity of the policy process, but instead shape it.

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Appendix

Appendix A
Table A1: Butte County CoC Multi-Attribute Table

Assistance Type	Key Features	Eligibility	Funding	Capacity-to-Need Ratio	Strengths and Weaknesses
Emergency Shelter: Jesus Center - Genesis	Trauma-informed model and strengths-based approach	Adult men and women, specific housing needs to women with children, pregnant mothers, mothers with infants, and senior women	Non-Profit	181 adult beds / 3446 (55+) = **5 out of 100**	**Strengths:** Wraparound services, Capacity, accessibility, and individualized care **Weaknesses:** No outreach indicated
Transitional Housing: Oroville Rescue Mission	Person-centered comprehensive housing plan	Assessment is conducted once the submission of interest is made. Rental, housing, transportation, and life skills assistance based on the participant's assessment	Faith-based non-profit	10 adult beds / 3446 (55+) = **.29 out of 100**	**Strengths:** 12-month recovery program, wraparound services. Individualized care **Weaknesses:** Capacity shortage
Permanent Supportive Housing: Housing Authority of the County Butte	Creekside Place Apartments, Sunrise Village Senior Apartments, Liberty Bell Courtyards/ 1-2 bedrooms	Income limits, complete applications, aged 62+, first-come, first-served	Federal Funding and Grants (HUD)	194 adult beds / 3446 (55+) = **6 out of 100**	**Strengths:** Capacity, age-specific tailored services **Weaknesses:** Waiting period, no additional service indicated besides housing, no outreach indicated
Rapid Rehousing: True North Alliance	Assists with move-in costs, security deposits, rental payments, and utility assistance	Designed for individuals who do not require intensive and ongoing support	Non-profit/state funding, awarded $6 billion in 05/25 from the California Department of Housing and	20 adult beds/3446 (55+) = **.58 out of 100**	**Strengths:** wrap-around services, street outreach, support accessibility **Weaknesses:** Designed for a facility with no intensive ongoing support, and a capacity shortage

			Community Development		
Safe Haven (other PSH): Chico Housing Action Team	Permanent housing with supportive services	Individuals who are homeless, low-income, seniors, disabled, and formerly incarcerated	Non-profit, 2023 CoC grant for $57,500	50 adult beds / 3446 (55+) = **1 out of 100**	**Strengths**: Data availability, capability, interactive services, program accessibility **Weaknesses:** Does not display specific criteria for eligibility, no outreach indicated

Note. Data for Programs and Services from Jesus Center, 2026. https://www.jesuscenter.org/programs; from Oroville Resource Center and Rescue Mission, 2026. https://orovilleresourcecenter.org/resources/; from Housing Authority of the County of Butte, 2026. http://www.butte-housing.com/general-information/programs/public-housing.php; from True North Housing Alliance, 2026. https://truenorthbutte.org/rapid-rehousing; from Chico Housing Action Team, 2026. https://www.chicohousingactionteam.net/permanent-housing-w-supportive-services; and 2024 Housing Inventory by HUD Exchange, 2024. https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/?filter_Year=&filter_Scope=CoC&filter_State=CA&filter_CoC=&program=CoC&group=HIC

Table A2: Lake County CoC Multi-Attribute Table

Assistance Type	Key Features	Eligibility	Funding	Capacity-to-Need Ratio	Strengths and Weaknesses
Emergency Shelter: Redwood Community Services	Supports people and HH who are currently housebound or at risk of losing their home. Enhanced care management is also available to medical beneficiaries who meet certain criteria.	Building bridges homeless resources center screen guests for shelter Monday through Friday, noon -4pm, and fills beds at 2:30 pm for those seeking same-day beds.	Non-profit, county funding and grants, public partnerships, and charitable donations	35 adult beds/ 117 (55+) = **30 out of 100**	**Strengths:**24/7 support accessibility, high capacity, wrap-around services, data availability **Weaknesses:** no specific criteria displayed on the website
Transitional Housing: Adventist Health Clear Lake - Hope Center Transition	21 - Interim housing, health screenings, meals, safe, secure bed, and space. Paired with a housing specialist who provides support for 6 months.	Individuals, especially the most vulnerable, who lack necessities, from food to clothing, and a range of assistance.	Faith-based healthcare network/Medicare/ Medicaid, donations, and grants	20 adult beds/117 (55+) = **17 out of 100**	**Strengths:** high capacity, health services provided **Weaknesses:** No outreach indicated, no specific criteria of eligibility listed, no wrap-around services
Permanent Supportive Housing: Lake County Housing Commission	Provides rental assistance in the form of housing vouchers	Permanent supportive housing for persons with mental illness	Local and Lake County CoC funding/ State and Federal grants	0 adult beds/117 (55+) = **0**	**Strengths:** Street outreach, wrap-around services **Weaknesses:** Low capacity, lack of accessibility
RapidRehousing: North Coast Opportunities	New Digs RRH follows the Housing First model and aims to assist those experiencing homelessness in finding PSH	Most vulnerable clients, those with medical needs, limited transportation, and loss of wages	Non-profit, funded through donations and state grants	0 adult beds/117 (55+) = **0**	**Strengths:** Tailored older adult services **Weaknesses:** Capacity shortage, no outreach indicated, limited accessibility

Safe Haven (other PSH): Lake County Behavioral Health	Mental health services, including crisis resolution, assessment, counseling, and access to hospital services	The Access team screens incoming requests for services for people ages 5 and up with moderate to severe mental illness.	Lake County Behavioral Health Services and state grants.	10 adult beds / 117 (55+) = **9 out of 100**	**Strengths:** mental health services, 24/7 contact, available capacity **Weaknesses:** No wrap-around services, no outreach indicated, limited accessibility, no specific criteria listed for eligibility

Note. Data for program and services from Redwood Community Services, 2026. https://www.redwoodcommunityservices.org/#:~:text=Redwood%20Community%20Services%20(RCS)%20provides%20care%20in,*%20**Substance%20Use%20Disorder%20Services%20(Tule%20House)*; from Adventist Health Clear Lake, 2026. https://www.adventisthealth.org/clear-lake/about-us/; from Lake County Housing Comission, 2026. https://www.lakecountyca.gov/1490/Housing; from North Coast Opportunities, 2026. https://www.ncoinc.org/about-us/news/news-archive/nco-new-digs-helps-homeless/; from Behaviorial health services, 2026. https://lcbh.lakecountyca.gov/173/Behavioral-Health-Services; and 2024 Housing Invetory by HUD Exchange, 2024. https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/?filter_Year=&filter_Scope=CoC&filter_State=CA&filter_CoC=&program=CoC&group=HIC

Table A3: Imperial County CoC Multi-Attribute Table

Assistance Type	Key Features	Eligibility	Funding	Capacity -to-Need Ratio	Strengths and Weaknesses
Emergency Shelter: Imperial County DPSS Home Safe	Safety and housing stability are involved in Adult Protective Services	Current APS clients experiencing homelessness as a result of elder abuse	Assembly Bill 1811	20 adult beds/ 121 (55+) = **17 out of 100**	**Strengths:** capacity, tailored support services **Weaknesses:** No outreach indicated, lack of accessibility
Transitional Housing: WomenHaven	Goal to help families find an indefinite and secure home	Assist in paying rent, barriers to secure housing, case management, and other necessities	Non-profit/ 2023 CoC Rapid Rehousing Allocation of $135,155.00	1 adult bed/ 121 (55+) = **0.82 out of 100**	**Strengths:** 24/7 support, outreach program **Weaknesses:** limited wrap-around services. capacity shortage, 45-day program
Permanent Supportive Housing: NON-HMIS Imperial County Behavioral	Goal to empower individuals to improve their health and wellness by providing education, preventative care, and quality treatment	Screening conducted to indicate individuals' medical needs, wrap-around services	Federal and state grants, medical reimbursements, and California's Behavioral Health Services Act	17 adult beds/121 (55+) = **14 out of 100**	**Strengths:** 24/7 support, wrap-around services, individualized services, high capacity **Weaknesses:** No outreach indicated
Rapid Rehousing: Imperial County DPSS Rapid Rehousing HDAP	Assist people at risk of homelessness who are likely eligible for disability benefits,/Provides wrap around services	People experiencing chronic homelessness rely most heavily on government-funded services	California State Budget Act	35 adult beds/121 (55+)= **30 out of 100**	**Strengths:** Specific, tailored interventions, high capacity **Weaknesses:** No outreach indicated
Safe Haven (other PSH):	Provides immediate stability, housing			0 adult beds /121 (55+) =	**Strengths:** Data availability, capacity shortage

Imperial Dept of Social Services	resources, move-in costs, and uses a Housing First model			**0**	**Weaknesses:** No outreach indicated, lack of accessibility, no wrap-around services

Note. Data for program and services from Home Safe Program, 2026. https://www.cdss.ca.gov/inforesources/cdss-programs/housing-programs/home-safe-program#:~:text=The%20Home%20Safe%20Program%20was%20established%20in,housing%20*%20Eviction%20prevention%20*%20Landlord%20mediation; from Womenhaven, 2026. https://womanhaven.org/; from Behavioral Health Services Imperial County, 2026. https://bhs.imperialcounty.org/administration/; from County DPSS Housing and Disability Advocacy Program, 2026. https://www.cdss.ca.gov/inforesources/cdss-programs/housing-programs/housing-and-disability-advocacy-program; and HUD Exchange, 2024. https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/?filter_Year=&filter_Scope=CoC&filter_State=CA&filter_CoC=&program=CoC&group=HIC

Table A4: San Bernardino County CoC Multi-Attribute Table

Assistance Type	Key Features	Eligibility	Funding	Capacity-to-Need Ratio	Strengths and Weaknesses
Emergency Shelter: City of Victorville, COV Homekey Wellness Center	First emergency shelter to offer interim housing, wraparound services, and a medical and recuperative care clinic on site.	Individuals and families experiencing homelessness or at risk, specifically for those with higher risk for medical conditions/Priority to referrals	$28 million HomeKey Grant from the California Department of Housing and Community Development	179 adult beds/1348 (55+) = **13 out of 100**	**Strengths:** Wraparound services, high capacity, outreach initiatives **Weaknesses:** no specific eligibility criteria
Transitional Housing: Mary's Mercy Center, Mary's Village	12–24 month transitional living program for unhoused men. Provides health support, educational, and vocational goals.	Must be a homeless male aged 17 or older.	Awards and grants from third parties, the city, the state, and the federal government	24 adult beds/ 1348 (55+) = **2 out of 100**	**Strengths:** 12-24 month transitional housing, data availability, capacity **Weaknesses:** no outreach indicated, limited wrap-around services
Permanent Supportive Housing: SB Housing Authority	Supportive services for affordable senior housing communities, while offering additional services that include transportation coupons, bus passes, and a furniture closet. And case management. Subsidized, non-subsidized senior housing, and housing vouchers.	Prioritizes older adults aged 62 years and older who struggle with frailty, disability, and chronic illness.	Funding from Homekey grants by the city, county, and federal government.	309 adult beds/1348 (55+) = **23 out of 100**	**Strengths:** case management, tailored services, capacity **Weaknesses:** No outreach indicated
Rapid Rehousing: Knowledge and Education for Your Success	Programs and services using the Housing First Approach	Homeless individuals and families	Non-profit organization, private-public partnerships	12 adult beds/1348 (55+) = **.89 out of 100**	**Strengths:** Case management, housing stability for up to 24 months, capacity shortage

					Weaknesses: No outreach indicated
Safe Haven (other PSH)	None reported	None reported	None reported	None reported	N/A

Note. Data for program and services form City of Victorville, COV Homekey, 2026. https://www.victorvilleca.gov/services/homeless-outreach/homeless-land-page-1027; from Mary's Medical Center, 2026. https://marysmercycenter.org/ministeries/marys-village/; from Housing Authority of the City of Santa Barbara, 2026. https://hacsb.org/senior-housing/; from Keys for Life and Success, 2026. https://keysnonprofit.org/programs/keys-for-life-and-success-programs/; and Housing Inventory by HUD Exchange, 2024. https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/?filter_Year=&filter_Scope=CoC&filter_State=CA&filter_CoC=&program=CoC&group=HIC

Appendix B: Interview Protocol - Organizations

Introduction

Thank you for taking the time to speak with us today. My name is _____, and I am joined by my colleagues _____, _____, and _____ from the USC Price School of Public Policy. We are working with the California Senate Office of Research on a year-long practicum project focused on understanding and addressing the rise in the number of older adults in California experiencing homelessness.

The purpose of our conversation today is to gain a deeper understanding of the scope of this issue and to explore the drivers and challenges unique to older adults experiencing homelessness. We were especially interested in speaking with you, given your work on _____. Your insights will help shape our research direction and inform California decision-makers.

The interview is confidential, and your participation is voluntary. We, as a group, will not provide your name in our project without your written and verbal consent. For any additional questions, please reach out to researchers Elianna Asprogerakas (asproger@usc.edu), Arleen Garcia (arleenga@usc.edu), Kayla Nordman (knordman@usc.edu), and/or Jessica Odishoo (jodishoo@usc.edu). You may also contact Carrie Holmes from the California Senate Office of Research at (Carrie.Holmes@sen.ca.go) for any questions.

Before we get started, do you have any questions for us or about the project?

Background and Framing

1. Could you describe your work and how it connects to homelessness and/or aging policy in California?
2. From your perspective, how should we define homelessness among older adults?
3. How has the scope and magnitude of unhoused older adults in California evolved over the past decade?

Drivers and Pathways

5. What are the most significant structural, economic, or health-related drivers of homelessness among older adults?
6. What are the most common events that lead to housing loss among older adults?
7. How do health conditions such as chronic illness, cognitive decline, or behavioral health intersect with housing instability?
8. How do trauma, disability, or serious illness shape the experience of homelessness for older adults?
9. Are there particular subpopulations that face unique barriers or pathways into homelessness?

Existing Responses and Service Systems

10. Which current programs or policies do you see as most promising for preventing and/or reducing homelessness among older adults?
11. What gaps or issues do you see in California's current response systems?
12. How can aging services, healthcare, and housing systems coordinate more effectively?
13. Are there models, domestic or international, that California could learn from?

Evaluation and Effectiveness

14. When evaluating interventions for unhoused older adults, what outcome measures do you consider most meaningful?
15. How should we think about defining "success" for this population?
16. What criteria make a recommendation both effective and efficient?

Implementation and Feasibility

17. What implementation challenges tend to arise for programs serving older adults experiencing homelessness?
18. Are there unintended consequences from existing or proposed policies that we should be aware of?
19. Should solutions be led at the state level or adapted locally to reflect variation in county and city capacity and resources?
20. Given limited resources, where would you prioritize investment to have the greatest impact?

Future Outlook and Policy Direction

21. Do you believe California policy efforts are on track, or are critical issues being overlooked?
22. Where do you see the greatest opportunities for innovation or cross-sector collaboration?

Guidance for Our Research

24. As we develop policy recommendations, what advice do you have on framing the evidence and designing feasible, person-centered solutions?
25. Are there datasets, organizations, or experts you recommend we review or connect with?
26. Is there anything we haven't asked today that you think is essential for us to understand moving forward?

Appendix C: National Health Foundation Script for Recruitment

Hello, my name is [name], and I am a [job title] at the National Health Foundation.
We are partnering with a student research team from the University of Southern California on a study that seeks to learn from adults aged 50 and older in California who are currently experiencing homelessness. The goal of this study is to better understand their experiences and perspectives to help policymakers improve programs and supports for older adults.
If you choose to participate, you would be asked to take part in a one-time interview that would last about 15 to 30 minutes. The interview would take place here at the facility in a private space. You would be asked questions about your experiences and the kinds of support that have been helpful or challenging. Your participation is completely voluntary. Choosing to participate or not participate will not affect your services, care, housing, or relationship with the National Health Foundation in any way. You may skip any questions you do not want to answer, and you may stop the interview at any time.

With your permission, the interview will be audio-recorded to accurately capture your responses. The recording will be transcribed and then destroyed. No names or identifying information will be collected, and nothing you say will be shared with NHF staff or used in a way that could identify you.

As a thank-you for your time, you will receive a $20 Visa gift card upon completion of the interview.

This study is being conducted by researchers at the University of Southern California and is currently pending approval by the USC Institutional Review Board, which oversees research involving human participants.

Would you be interested in learning more about the study or participating?

Appendix D: Interview Protocol - Older Adults

Thank you for taking the time to speak with us today. My name is _____, and I am joined by my friend(s) _____, _____, and _____ . We are a part of a student team from the USC Price School of Public Policy working with the California Senate Office of Research. We're interested in learning from your experiences to understand which kinds of support or services might help people over the age of 50 who are experiencing housing instability. This interview is voluntary, confidential, and low risk. We won't use your name in anything we write, and you can skip any question or stop at any time. A staff member is here if needed. The study is student-led, and any questions to the faculty advisor, Juliet Musso, can be answered at musso@usc.edu. For your participation in the interview, we will provide you with a $20 Visa gift card as a thank you.

Do you have any questions before we begin?

Background and Present Context

1. What first name would you like us to use today? (**Note:** Only a part of the conversation. Project will use pseudonyms, and no recording and/or written documentation of personal information will be used to protect privacy.)
2. Do you feel comfortable sharing your age with us?
3. How long have you been staying in this recuperative care program?
    a. Optional probe: Before coming here, were you mostly staying indoors, outdoors, or moving between places?
4. On a typical day right now, what takes the most effort for you?

Pathways

5. Since experiencing homelessness, what have been the biggest challenges for you?
6. Was there a point when things started getting harder for you, but you weren't yet in crisis?
    a. Optional probe: What was missing at that time?
7. Did you try to get help during that period?
    a. If yes: what kind of help, and how did that experience feel?
    b. If no: what made it hard to reach out?
8. What kinds of support have helped you the most during this time?
9. Once you were already without stable housing, what kind of help do you wish had been available sooner or in a different way?

Interactions with Systems and Services

10. Before entering recuperative care, what types of programs or services did you interact with, if any?
    a. Prompts if needed:
        i. Housing programs
        ii. Medical care
        iii. Social services
11. What parts of those systems worked well for you?

12. What parts felt confusing, unavailable, or too late?
    a. Optional probes:
        i. Was there ever support offered that didn't quite fit what you needed at the time?
        ii. Did it ever feel like you were being sent from place to place without clear guidance?
13. Are there needs you still have right now that feel hard to get help with?

Recommendations

14. When you think about stability moving forward, what feels most important to you?
15. If decision-makers wanted to better support individuals in your situation, what do you think they should understand or do differently?
16. Is there anything else you would like to share that you feel is important?

Appendix E: Stakeholder Summary

Stakeholder	Interests	Influences/Power
California Commission on Aging	Examine solutions for older adults at risk and/or experiencing homelessness.	High — Legislation for older adults at risk and/or experiencing homelessness.
California Master Plan of Aging	Examine solutions for older adults at risk and/or experiencing homelessness.	High — Support legislation for older adults at risk and/or experiencing homelessness.
CalOptima Health	Addressing policies and housing development.	Medium — Equitable and inclusive housing policy.
Professor of the University of Oregon	Acknowledging pathways of older adult homelessness.	Medium — Advocate for equitable solutions to address older adult homelessness.
USC Homelessness Policy Research Institute	Examine research, including housing, health, and mental health.	Medium — Advocate and support effective and feasible interventions for individuals at risk and/ or experiencing homelessness. Challenges with measuring housing retention and with data on health/mental health.
University of Southern California professors from the Leonard Davis School of Gerontology, the Keck School of Medicine, and the Sol Price School of Public Policy.	Understanding the drivers, pathways, and policies of older adult homelessness.	Medium — Advocate for feasible and equitable policies for older adults at risk and/or experiencing homelessness.
Older adults experiencing homelessness	Having voices heard and acknowledged, as well as policies that emphasize trust, care, and transparency. The importance of stable health/mental health, and housing.	Low — Directly impacted by being at risk and/ or experiencing homelessness.

Appendix F: Comparative Analysis

	Finland	Australia	Germany	Poland	California
Total population (2025)	~5.6 million	~27.2 million	~84.1 million	~38.1 million	~39.5 million
Total unhoused population (most recent)	~4,579 (2025)	~122,494 (2021 census)	~ 262,600 (2022)	~30,300 (2019)	~187,000 (2024 PIT)
Unhoused rate (% of population)	~0.08%	~0.48%	~0.31%	~0.08%	~0.47%
Older adults as % of unhoused population	~3% aged 65+	~16% aged 55+	Data limited	~22% aged 60+	~48% aged 50+
GDP per capita (2025, nominal USD)	~$56,084	~$65,656	~$59,925	~$25,104	~$104,916
Healthcare system	Universal; publicly funded national system	Universal; Medicare public system with private supplement	Universal; statutory multi-payer insurance system	Universal; National Health Fund (NFZ) public system	Mixed; public programs (Medi-Cal, Medicare) alongside private insurance; no universal coverage
Level of government responsible for housing policy	Centralized national policy; municipal implementation	Federal-state shared responsibility; state-led delivery	Federal framework; state (Länder) and municipal implementation	Primarily municipal; limited national framework	State and local; no federal mandate; fragmented across 58 counties

Note. Unhoused population figures reflect the most recent available data for each context and are not collected from the same reference year, which limits direct temporal comparability. Age thresholds for older adult homelessness vary across contexts, and therefore limit direct comparability across rows. GDP per capita figures are nominal USD estimates for 2025.

Sources: Worldometers (n.d.); Worldometers (n.d.); Population Pyramids (n.d.); Population Pyramids (n.d.); California Department of Finance (2025); Centre for State-Subsidised Housing Construction (2026); OECD (2024); OECD (n.d.); National Alliance to End Homelessness (2025); Busch-Geertsema et al. (2014); O'Connor et al. (2023); UCSF Benioff Homelessness and Housing Initiative (n.d.); CEIC Data (n.d.); Statistics Times (n.d.); GeoRank (n.d.); U.S. Bureau of Economic Analysis (n.d.); International Insurance (n.d.); Commonwealth Fund (n.d.[a]); Commonwealth Fund (n.d.[b]); WHO (n.d.); Commonwealth Fund (n.d.[c]).

Appendix G: Model Comparison

	Finland **Housing First & shelter conversion**	**Australia** **Specialized residential aged care**	**Germany & Poland** **Intergenerational co-housing**
Policy design & housing model	Permanent housing without preconditions, paired with intensive wraparound services (ACT model). Housing treated as a constitutional right.	Permanent, non-institutional residential care facilities tailored to the complex needs of homeless older adults. Trauma-informed and dignity-centered service delivery.	Mixed-age communities emphasizing participatory design, universal accessibility, and social outcomes. Preventive rather than reactive in orientation.
Target population	Broadly, individuals experiencing homelessness with complex needs. Not age-specific; older adults represent only ~3% of Finland's unhoused population.	Older adults (55+) with high care needs who are experiencing or at risk of experiencing homelessness, including those who have not succeeded in mainstream programs.	Mixed-age residents across income levels. Not targeted at homeless older adults specifically; functions as a preventive model for housing instability and social isolation.
Funding mechanisms	Centralized federal-municipal partnership. High upfront costs offset by documented reductions in emergency service use (up to 16x higher among unhoused individuals).	Mixed public-philanthropic model. Government subsidies cover the majority of costs; both pilots generated significant per-resident cost savings annually.	Decentralized and varied. Germany relies on small federal grants, state subsidies, and resident cooperative capital. Poland depends primarily on municipal funding.
Political environment	Strong, sustained bipartisan consensus. Housing rights constitutionally protected, enabling stability across administrations. Recent homelessness increases linked to social security cuts.	General consensus on need, but policy is vulnerable to political turnover. Older adults recognized as a special needs group under federal law. National plan currently in development.	Germany has a strong long-term federal commitment. Poland is in earlier stages with growing public support. Both countries show strong public preference for intergenerational living.

Strengths & weaknesses	Strengths ● Constitutionally protected, politically durable ● Integrated wraparound services address complex needs ● Decades of sustained homelessness reduction Weaknesses ● Small, homogeneous population limits transferability ● Inconsistent municipal data reporting ● Recent homelessness increases tied to benefit cuts	Strengths ● Measurable health and well-being improvements ● Preserves autonomy and dignity ● Documented government cost savings Weaknesses ● Small pilot scale limits generalizability ● Potential survivor bias in outcomes data ● Remains extremely limited despite growing need	Strengths ● High resident satisfaction (87% of older adults) ● Reduces premature nursing home entry ● Effective preventive model for rural communities Weaknesses ● Documented intergenerational conflict ● Slow, complex participatory planning process ● Not targeted at vulnerable older adults

Sources: Busch-Geertsema et al. (2014); O'Sullivan (2022); O'Connor et al. (2023); Rota-Bartelink (2011, 2016); Kazak (2023); Molinsky et al. (2023); Sengers & Peine (2021); Alsaeed et al. (2025); Centre for State-Subsidised Housing Construction (2026).