Health, Housing, and Service Engagement Among Older Adults Experiencing Homelessness: Findings HMIS Analysis

June 2025

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1. ABSTRACT

This study presents a cross-sectional analysis of older adults experiencing homelessness based on data extracted from the Homeless Management Information System (HMIS).

The sample was predominantly older (mean age = 59 years) and extremely low-income, with 92 percent living below 25 percent of the Area Median Income (AMI).

Health challenges were pervasive: 73 percent reported a recent physical health crisis, 66 percent reported a mental health crisis, and over 91 percent reported living with a long-term disability.

Despite a high rate of health insurance coverage (94 percent), 72 percent of respondents had three or more emergency department visits in the past year. Sixty-one percent required one or more housing accessibility modifications, and 29 percent used a mobility device.

While 75 percent were engaged in case management services, enrollment in Enhanced Care Management (ECM) through Medicaid was low (13 percent). These findings underscore the necessity of geriatric-informed service delivery models, expanded behavioral health and substance use treatment options, and a strategic expansion of accessible housing stock to reduce high-cost service utilization and improve housing stability. The results also raise important questions about the adequacy of current Medicaid innovations in addressing the needs of chronically homeless populations with complex medical and behavioral profiles.

2. INTRODUCTION

The aging of the homeless population in the United States has intensified concerns about how well existing systems address the health, mobility, and housing needs of older adults experiencing homelessness. While most policy responses have focused on rapid rehousing or short-term emergency interventions, less attention has been paid to the intersection of aging, chronic illness, and disability in homeless populations. This paper reports findings from a June 2025 analysis of client-level data housed within HMIS, with the goal of characterizing key demographic, health, and service-related attributes. The analysis

contributes to the evidence base needed for program and policy interventions that reflect the complexity of homelessness among older adults and those with multiple vulnerabilities, especially in the context of California's evolving Medicaid delivery system and its emphasis on whole-person care.

3. METHODS

A cross-sectional dataset comprising 112 records was extracted from the Homeless Management Information System (HMIS). Records reflect individuals experiencing sheltered or unsheltered homelessness within the CoC and were entered by local participating agencies through routine client interactions. Variables included demographic characteristics, income relative to AMI, housing history, insurance coverage, health status, utilization of healthcare services, housing accessibility needs, and engagement with behavioral health and case management services. Descriptive statistics (frequencies, percentages, means, and medians) were computed using structured data fields. Data were de-identified prior to analysis. While HMIS is not designed for research purposes, its structured fields provide a practical and operationally relevant lens through which to evaluate patterns and service gaps among vulnerable populations.

4. RESULTS

Demographics

Respondents had a mean age of 59.04 years and a median age of 58.5 years. The gender distribution was 52.7 percent men, 46.4 percent women, and 0.9 percent transgender individuals. The racial and ethnic composition included 39.3 percent White, 37.5 percent Black or African American, 9.8 percent Hispanic or Latina/o/e, 8.9 percent Multiracial, and 4.5 percent Native Hawaiian or Pacific Islander. A majority (91.96 percent) reported annual household incomes at or below 25 percent of AMI. These figures suggest that respondents were not only experiencing housing instability but were also among the most economically marginalized residents of their communities. Racial disparities were also evident: Black individuals, who comprise a smaller share of the general population, were significantly overrepresented in this dataset, highlighting systemic inequalities that warrant focused equity interventions.

Homelessness History

The average duration of the current homeless episode was 67.6 months, with a median duration of 36 months. Among 32 individuals who reported cumulative homelessness durations over the past three years, 41 percent had been homeless for at least 12 months. Data on cumulative homelessness were missing for 80 respondents, indicating potential limitations in assessment protocols or client recall. Nevertheless, these durations suggest high levels of chronicity, particularly when viewed in conjunction with the cohort's health and disability burdens. The persistence of long-term homelessness raises concerns about the efficacy of current housing placements and the adequacy of housing stock, as well as the challenges associated with client engagement and long-term service navigation.

Health and Mental Health

Health insurance coverage was high: 93.8 percent of respondents were insured, with 92.4 percent enrolled in Medicaid and 20 percent in Medicare. Despite this, 72.2 percent of the 79 respondents with complete data reported three or more emergency department visits in the past year, and 60.8 percent had at least one inpatient hospital stay. Nearly three-quarters (73.2 percent) had experienced a physical health crisis in the prior three months, and 66.1 percent had experienced a mental health crisis. Long-term or ongoing disability was reported by 91.1 percent of participants, and 100 percent indicated difficulty with one or more activities of daily living (ADLs). Engagement with mental health services was reported by 62.5 percent, and 20.5 percent received services for substance use disorders. While these figures suggest active behavioral health needs, they also reflect a treatment gap—particularly for substance use—where service engagement remains lower than the reported prevalence of crisis. This disconnect may reflect limited service availability, stigma, or misalignment between client needs and program eligibility criteria.

Housing Accessibility Needs

Of the total sample, 60.7 percent (n = 68) reported needing at least one housing-related accommodation. Among these, the most common needs were no stairs (88.2 percent), first-floor or single-story units (80.9 percent), and grab bars (82.4 percent). Other accessibility features, such as roll-in showers, wide door frames, and low sinks, were also reported, although with less frequency. Use of a mobility device was reported by 29.5 percent of respondents. These findings suggest a substantial mismatch between the existing affordable housing supply and the accessibility needs of people experiencing homelessness. Without intentional design strategies and rehabilitation investments, traditional housing models are unlikely to meet the physical and functional requirements of

older adults and those with disabilities. This underscores the importance of integrating housing capital planning with health and social care assessments to ensure successful tenancy outcomes.

Service Engagement

Seventy-five percent of respondents reported current engagement with case management or outreach services. Among those, 71.6 percent characterized their support as intensive and frequent. Despite this level of support, only 12.8 percent were enrolled in Medicaid Enhanced Care Management (ECM), and 34.3 percent received Medicaid Community Supports. With respect to primary health-care utilization, 41.1 percent used a primary care physician, while 24.1 percent relied on hospital emergency departments. An additional 11.6 percent reported no regular healthcare access. These findings suggest that while frontline outreach and case management teams are reaching a majority of the population, further improvements are needed in referral processes, benefits navigation, and coordination between homelessness services and the Medi-Cal delivery system. Enhancing the effectiveness of ECM and Community Supports will require not only increasing enrollment, but also ensuring the services provided align with the complexity and acuity of clients' health and social conditions.

5. DISCUSSION

This analysis documents high rates of chronic illness, functional impairment, and service utilization among older adults experiencing homelessness. The overwhelming need for housing modifications and the near-universal reports of disability indicate that conventional housing options are insufficient for this population. Although insurance coverage is high, this has not translated into reduced emergency department usage or inpatient stays, suggesting systemic barriers to effective care coordination or service adequacy. The modest uptake of ECM and Community Supports under Medicaid further highlights implementation gaps in linking individuals with appropriate long-term care supports. The findings suggest a need for integrated service models that combine housing, intensive care coordination, and behavioral health services. Importantly, the data also underscore the risks of relying on siloed interventions that fail to account for the compounded effects of aging, poverty, disability, and chronic homelessness.

6. LIMITATIONS

This study relied on HMIS data, which, although structured and collected routinely, may contain inaccuracies or omissions due to variability in data-entry practices. The cross-sectional design precludes causal inference. Additionally, the localized sample limits generalizability to other regions or subpopulations. Future analyses may benefit from linking HMIS data with Medicaid claims or health record data to better understand service utilization patterns and outcomes over time. Longitudinal designs would also help illuminate the temporal relationships between housing status, service access, and health outcomes.

7. CONCLUSION

The results provide a compelling case for systemic investment in integrated, disability-responsive service models and accessible housing solutions. Addressing the intersecting health and housing needs of older adults experiencing homelessness will require coordinated action across public health, housing, and Medicaid delivery systems. As states implement Medicaid waivers and reforms to support whole-person care, partnerships with housing agencies and local continuums of care will be critical. The persistent and interconnected challenges outlined in this report suggest that solutions must be cross-sectoral, durable, and equity-driven to achieve lasting reductions in chronic homelessness.

8. APPENDIX

Selected Descriptive Statistics from HMIS Dataset (n = 112)

Category	Measure	Value
Demographics	Mean Age	59.04 years
	Median Age	58.5 years
	Gender: Man / Woman / Transgender	52.7% / 46.4% / 0.9%

	Race & Ethnicity: White / Black / Hispanic / Other	39.3% / 37.5% / 9.8% / 13.4%
	Below 25% AMI	91.96%
Homelessness History	Avg. months homeless (current episode)	67.6 months
	Median months homeless (current episode)	36 months
	Homeless ≥12 months in past 3 yrs (n = 32)	40.6%
Health Status & Utilization	Health insurance coverage	93.8%
	Medicaid enrollment	92.4% (of insured)
	≥3 ER visits in past year (n = 79)	72.2%
	≥1 inpatient stay in past year (n = 79)	60.8%
	Physical health crisis (last 3 months)	73.2%
	Mental health crisis (last 3 months)	66.1%
	Long-term disability	91.1%
	Impaired ADLs	100%
	Receiving mental health services	62.5%
	Receiving SUD services	20.5%
Accessibility Needs	Requires housing accommodations	60.7%
	Uses mobility device	29.5%
	No stairs / First floor / Grab bars (of those in need)	88.2% / 80.9% / 82.4%
Service Engagement	Receiving case management	75.0%

Intensive case management (of those engaged)	71.6%
ECM enrollment	12.8%
Community Supports enrollment	34.3%
PCP use / ER as primary site / No regular care	41.1% / 24.1% / 11.6%