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Lessons from the Homeless Action Center's HUD UNSHELTERED SENIORS PROJECT

A low-barrier model of homeless services that combines outreach, legal benefits advocacy, and housing navigation.

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Prepared by:
HAC Development Team

homelessactioncenter.org

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Introduction

Research from the past several years demonstrates that homeless elders have significantly shorter lifespans than their housed counterparts[1] and suffer unique health challenges in comparison to younger people experiencing homelessness. For these and related reasons, since October 2023, the Homeless Action Center (HAC) of Alameda County has been operating a program designed to meet the legal advocacy and housing navigation needs of unsheltered homeless elders, aged 55 and over, in the San Francisco East Bay area of Northern California. This project, funded through a three-year grant from the U.S. Department of Housing and Urban Development (HUD), aims to secure and stabilize the income of senior clients through public benefits advocacy, ultimately helping these clients move out of encampments and off the streets into permanent supportive housing in our communities.

This Unsheltered Seniors Project has been markedly successful during the first 24 months of work. Although HAC is a tiny program compared to better resourced county-run and other large nonprofit operations in the East Bay, in 2024 HAC was responsible for fully 19% of all unhoused people in Alameda County who moved from homelessness to placement in permanent housing. In light of looming funding cuts at both the federal and state level and increasing rhetoric targeting people experiencing homelessness, this paper is intended to argue that more resources, not fewer, should be focused towards supporting HAC's highly effective and humane model that combines street outreach, public benefits legal advocacy, and housing navigation to support people through the process of obtaining and transitioning into permanent housing.

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[1] See, for example, Rebecca T. Brown, MD, MPH, et al., "Factors Associated with Mortality Among Homeless Older Adults in California," *JAMA Internal Medicine*, August 29, 2022.

About the Homeless Action Center

Founded in 1990, HAC's mission is to provide high-quality public benefits advocacy services for free to unhoused and disabled residents of Alameda County. Our vision is a society where everyone is treated with dignity and respect, everyone receives determined and rigorous pursuit of their legal rights, and basic needs such as housing and health care are recognized both as individual rights and community obligations.

HAC's core services are:

Direct Legal Representation

HAC specializes in providing high-quality, free public benefits advocacy to unhoused and disabled residents of Alameda County. Our attorneys and advocates help clients obtain benefits like Supplemental Security Income (SSI), which provides a monthly income of $1,335 in California,[2] as well as increased options for health care and permanent, affordable housing.

Drop-In Services

During 16 hours each week, at both our central Berkeley and West Oakland offices, HAC opens our doors to anyone who may need assistance with legal and non-legal service issues. HAC drop-in staff also offer water and snacks, as well as a mail service for more than 400 individuals who do not have a permanent mailing address. For those unable to visit our offices, our **Telephone Helpline** is available these same hours for both legal and non-legal assistance and referrals.

Outreach Team

HAC's nine-member outreach team meets clients in vehicles, encampments, and on the street, offering practical support, legal advocacy, and housing navigation. HAC's Unsheltered Seniors Program targets these services specifically to people aged 55 and over who are living **unsheltered** (i.e., not in temporary or transitional housing, government-run shelters, or medical housing).

Almost Home

HAC's Safe Haven house provides up to seven SSI clients at a time with temporary, supportive, transitional housing and housing navigation services.

Mending Bridges

HAC's newest program helps unhoused people with disabilities who recently have been incarcerated by providing a modest rental subsidy to family, friends, or supportive living environments. Through Mending Bridges, clients just released from jail can avoid falling back into homelessness and reunite with community.

We specialize in providing services to the hardest-to-reach, most marginalized members of our community. Our clients are overwhelmingly poor: the average income at intake is $260 per month. They are living with physical and/or mental health disabilities, often co-occurring with substance use disorder, that prevent them from working. They are unhoused or reside in unstable housing that puts them at risk for homelessness. They may not have a cellphone with an active plan. They may not have money to take the bus. Many of our clients live in encampments that local authorities increasingly are targeting with sweeps and evictions, displacing our clients and making it very difficult for HAC staff to stay in touch with them. Many have had negative experiences with other service providers in the past and are reticent to trust us at first.

[2] https://www.ssa.gov/pubs/EN-05-11125.pdf

Over our 35-year history, we have developed strategies for finding clients, keeping them engaged in services, and navigating complex safety net systems.

First

We strive to minimize barriers that prevent clients from accessing our services. For clients who do not have a means of communication or who may not be able to keep to a schedule, HAC's drop-in hours and regular outreach to encampments and on the street allow us to meet clients when and where it is convenient for them.

As part of our trauma-informed and harm reduction approach, HAC does not terminate services for missed appointments or antisocial behavior. For clients who require it, we provide transportation to and from HAC offices, medical and mental health appointments, court dates, and Social Security Administration hearings. HAC staff avoid overwhelming clients with numerous demands or burdens to gather paperwork or documentation – we do that ourselves.

Second

HAC services are client-centered and based in cultural humility. HAC's Diversity, Equity, Inclusion (DEI) and Social Impact Director works together with our Justice, Equity, Diversity, and Inclusion (JEDI) Committee to make HAC a safe and welcoming place for people of all backgrounds and experiences. In addition to hosting ongoing trainings to improve our public benefits advocacy, HAC also provides trainings on key topics, including anti-racism, disability justice, language access, gender justice, fatphobia, and holistic lawyering.

HAC staff are trained during onboarding to approach clients without assumptions or judgment: we are there to provide advice to clients, who ultimately know their situations better than we do and who should have the autonomy to make their own decisions. **We recognize that a key part of providing services is building trust with clients who may have had negative interactions with government agencies and service providers in the past.**

Additionally, services are designed to be accessible and welcoming to those from diverse cultural and language backgrounds. We prioritize hiring staff members who speak multiple languages: current HAC staff speak Arabic, ASL, Cambodian/Khmer, Farsi/Persian, French, Hindi, Korean, Portuguese, Punjabi, Spanish, Urdu, and Vietnamese. When staff are not available, HAC uses Tele-Interpreters Language Services to interpret for clients who speak languages other than English.

Third

HAC is experienced in providing accommodations for people with serious mental health disabilities. In the course of advocacy, attorneys seek to stabilize clients' lives by providing referrals to and supporting their engagement with treatment providers. Staff ensure all eligible clients have active Medi-Cal benefits and assist with both enrollment and maintaining access to health insurance. Staff connect clients to resources like medical clinics, mental health therapy, substance use treatment, social work, and case management support.

We practice de-escalation when clients are in crisis and have developed procedures for offering concrete, helpful ways out of crisis. HAC conducts regular training for staff on issues such as trauma-informed care, services based in harm reduction, working with people with substance use and psychiatric issues, and vicarious trauma. We regularly work with clients who have been banned by other service providers, recognizing that what appears to be noncompliance can often be symptoms or circumstances.

Finally

HAC has accumulated invaluable institutional knowledge over the years of navigating the various complex social safety net systems. HAC maintains a library of legal briefs that staff may refer to when writing their own cases. We continuously track and share accumulated information to advocate effectively on behalf of our clients. Many HAC attorneys and advocates have more than ten years of experience serving our client community.

HAC is considered an expert in the field and has presented at National Organization of Social Security Claimants Representatives (NOSSCR) conferences and similar convenings on topics such as "Supplemental Security Income Advocacy 101," "Trauma-Informed Lawyering as Cultural Competence," and "Successfully Addressing the Materiality of Drug Addiction and Alcoholism."

Since our founding in 1990, HAC has engaged in strategic partnerships with nearly every community-based organization and government agency in Alameda County that also serves the target population. HAC maintains long-standing contractual relationships with Alameda County Behavioral Health Care Services, Alameda County Public Health Department, Alameda County Social Services Agency, the California State Bar, the City of Oakland, and the City of Berkeley.

Problem Statement

Alameda County is an epicenter of the homelessness crisis. According to the 2024 HUD Annual Homelessness Assessment Report, Alameda County has the third highest homeless count of all Continuums of Care in California and the tenth highest in the nation: 9,450 people are living homeless in our communities.[3]

Alameda County has a very high proportion living unsheltered. 67% of homeless people in the county (6,348 individuals) live unsheltered – in an encampment tent or shanty, on the streets, in an automobile, or in another place not meant for human habitation[4] – compared to an average of 36% nationally.[5]

Those who are living unsheltered face unique challenges and have vital needs. Compared to people experiencing homelessness in general, those who are unsheltered have longer episodes of homelessness (median 26 vs. 13 months) and are more likely to experience violence (40% vs 24%).[6] Rates of illness, injury, and physical and mental health disability are exceptionally high,[7] since these conditions can be both a cause of homelessness and a result of living unstably and exposed to the elements. Those who are unsheltered are more likely to rely on emergency services and are less likely to be connected to care and benefits.[8] People experiencing homelessness have an average lifespan of merely 50 years, compared to a general population average of 77 years.[9] Compounding this dire statistic, those who are unsheltered have a mortality rate three times higher than that of homeless people who are sheltered.[10] In response to these many challenges, HUD released its Special NOFO to Address Unsheltered and Rural Homelessness to try to tackle the many obstacles this group faces.[11]

The homeless population is aging. Just as the US population is becoming older (and poorer),[12] so too are the unhoused. In the early 1990s, 11% of single homeless adults were aged 50 or older. However, by 2020, that proportion increased to around 50% of single homeless adults aged 50 or older.[13] The needs of this increasingly vulnerable population are becoming more urgent.

Homeless elders have significantly shorter lifespans than their housed counterparts. As mentioned in the Introduction, research published in 2022 in the Journal of the American Medical Association, which studied 450 homeless adults 50 years and older living in Oakland, California, concluded that "premature mortality was common among homeless older adults and associated factors included late-life homelessness and ongoing homelessness, [and] there is an urgent need for policy approaches to prevent and end homelessness among older adults in the US."[14] This study is just one of several recent efforts to examine and highlight the needs of homeless elders across the nation.

Homelessness Statistics

Alameda County ranks
TENTH HIGHEST
in homelessness count in the nation

67%
of homeless people in Alameda County live unsheltered

Number of homeless people aged 50 or older
INCREASED 4.5 TIMES
from 1990 to 2020

50%
of current homeless adults are aged 50 or older

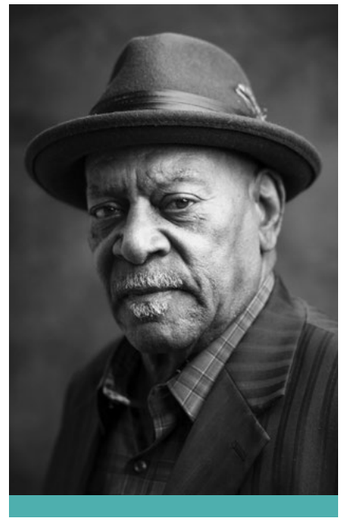
There is an urgent need to prevent
LATE-LIFE HOMELESSNESS
and ongoing homelessness

For reference links, click the corresponding number in the text above.

[3] US Dept of HUD, "Annual Homelessness Assessment Report," Dec 1, 2024.
[4] Alameda County Housing & Homelessness Services, "2024 Point-in-Time Count Report," Jan 8, 2025.
[5] US Dept of HUD, "2024 Annual Homelessness Assessment Report to Congress," Dec 1, 2024.
[6] UCSF Homelessness & Housing Initiative, "Unsheltered Homelessness: Findings from the Statewide Study of People Experiencing Homelessness," Sept 11, 2024.
[7] "How Many Homeless People are in the US? What Does the Data Miss?", *USA Facts*, February 28, 2025.
[8] N. Vohra, "Homelessness and the Use of Emergency Department as a Source of Healthcare," *International Journal of Emergency Medicine*, Jul 28, 2022.
[9] J. Richards, "Unsheltered Homelessness and Health," *National Institutes of Health*, Oct 29, 2022.
[10] ibid.
[11] HUD Exchange, "Continuum of Care Supplemental Notice of Funding Opportunity – To Address Unsheltered and Rural Homelessness," Oct 20, 2022.
[12] M. Lee, "Seniors are the Only Age Group with Growing Poverty. It Could Get Worse," *USA Today*, Sept 9, 2025.
[13] American Society on Aging, "Homelessness Among Older Adults: An Emerging Crisis," *Generations Journal*, Aug 26, 2020.
[14] R.T. Brown, "Factors Associated with Mortality Among Homeless Older Adults in California," *JAMA Internal Medicine*, Aug 29, 2022.

The HAC Model

In October 2023, HAC began working on a HUD-funded special project which focuses on helping unsheltered seniors (people over age 55) access mainstream benefits: General Assistance (GA), federally-funded SSI, Medi-Cal and Denti-Cal health insurance, Supplemental Nutrition Assistance Program (also known as CalFresh or food stamps), and housing. HAC's unique approach is a low-barrier model of homeless service delivery that combines outreach, legal benefits advocacy, and housing navigation.



HAC identifies eligible clients during our drop-in hours, by taking referrals from other service providers, and by conducting street outreach visits several times a week. Once contact is made with the client, the case is then assigned to a HAC attorney or non-attorney advocate to proceed with an SSI claim, for those who are eligible due to disability and unsheltered homelessness. SSI provides very low-income people who cannot work due to disability with up to $1,335 per month in California. **For this project, most clients are assigned to an attorney within two days. Clients aged 65 and older are eligible for SSI based on age and do not need to prove that they are disabled (as younger clients do), which speeds up the benefits application process.** The attorney then meets with the client in the office or in the field to complete all the forms and documentation needed for filing an application for benefits. At this time, the attorney can also assist the client in applying for GA, CalFresh, and Medi-Cal if they do not already have these benefits in place.

Next, the client is referred to a housing navigator who helps them maximize their chances of being prioritized for housing in the Coordinated Entry System (CES). The attorney and the housing navigator can assist the client in becoming "document-ready" for housing by collecting their Social Security card, state-issued ID, birth record, and documentation of disability. If the client has not had a CES assessment, HAC will ensure they receive one as soon as possible to avoid a delay which might cause them to miss temporary or permanent housing opportunities.

HAC recognizes that our clients' lives can be unpredictable. Therefore, we strive to accomplish as much as possible with each meeting and minimize the burden of attending appointments and providing paperwork or evidence. We also pursue SSI claims as long as possible, appealing through all stages instead of starting over with a denial. We continue to work on cases even if we lose touch with a client, since we know that the outreach team may be able to help us reconnect at a later point.

Our Zim Fund for Acute Client Needs provides one-time, minor material assistance for crisis situations and emergency needs, such as replacing a tent, purchasing a cane or a walker, or getting an automobile out of impound. **In our experience, meeting these basic needs can mean the difference between a client engaging in or falling out of services, and may even be as serious as life or death.** Additionally, our ability to help clients meet crises as they arise helps us gain their trust – a necessary part of achieving successful outcomes.

Outcomes Data

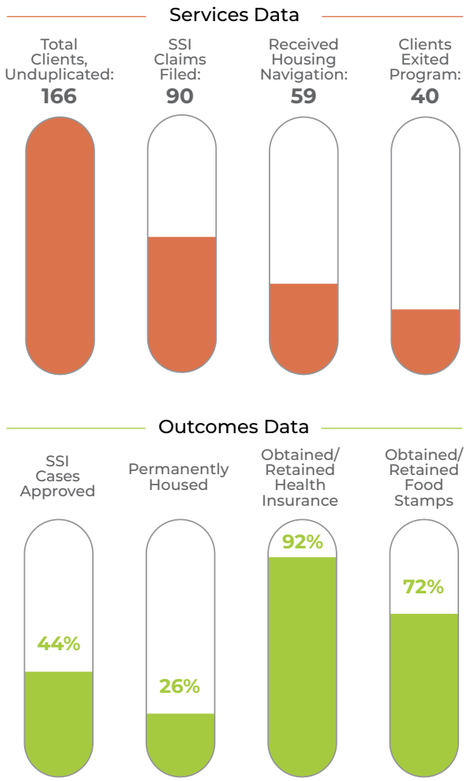
During the first two years of this Unsheltered Seniors project, between October 1, 2023 and September 30, 2025, the HAC team made contact with and provided intensive services to 166 unduplicated unhoused seniors in Oakland.

Services provided:

During this initial 24 month period, the team filed 90 SSI applications for clients and obtained 16 approvals for benefits. Additionally, 59 clients were referred to HAC housing navigators, 16 of whom have obtained permanent housing.

Legal advocacy to help unsheltered elder clients obtain these safety net benefits can be challenging to pursue, especially due to the average length of time from case beginning to case closing. Currently, HAC's SSI cases last an average of approximately 870 days – or 2.38 years – until resolution (i.e., client obtaining SSI benefits). Given that our data only cover the first two years of the grant, it is unsurprising that the majority of clients still have pending cases. (Note that during the period of this grant, eight people died while their matters were pending, a fact which lets us know how particularly at-risk this client population is. **These tragic deaths underscore the necessity of helping our clients resolve the myriad issues that may arise while they survive the lengthy wait until the resolution of their cases and housing placement.)**

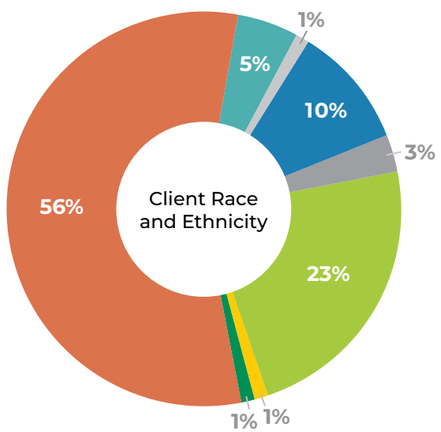
For reference, in calendar year 2024, HAC housed 58 clients. According to the Alameda County EveryOne Home 2024 Point-in-Time Count, 311 people in the county were housed during that same period.[15] **In other words, our small but mighty team was responsible for housing 19% of homeless people across the county in the most recent full calendar year.**



Client demographics:

The race and ethnicity of clients from the Unsheltered Seniors project are similar to HAC's programs in general:

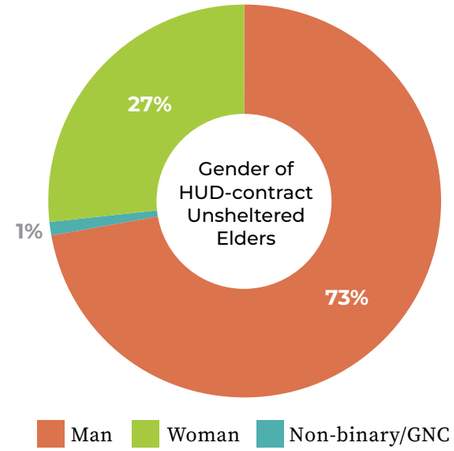
- Black/African American (56%)
- Asian/Asian American (5%)
- no answer (1%)
- Latinx/Hispanic (10%)
- mixed/multiracial (3%)
- white (23%)
- Native Hawaiian/Pacific Islander (1%)
- American Indian/Alaska Native/Indigenous (1%)



[15] https://everyonehome.org/main/continuum-of-care/point-in-time-count-2024/

While HAC serves a client population that is more men than women (61% vs 37%), the gender of HUD-contract unsheltered elders skews even more toward men: 73% self-identified as men, 27% as women, and 1% as non-binary or gender nonconforming.

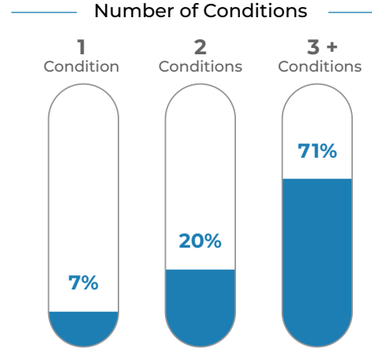
Given that this project serves elders aged 55 and over, the age of clients served is significantly older than that of the general HAC client population. The current median age of clients across HAC programs is 50 years, compared with a median of 61 years for those served here. The oldest person we served through this project was 74 and the youngest was 55 years old. 32 clients (19%) were aged 65 and older, including eight individuals aged 70 and over.

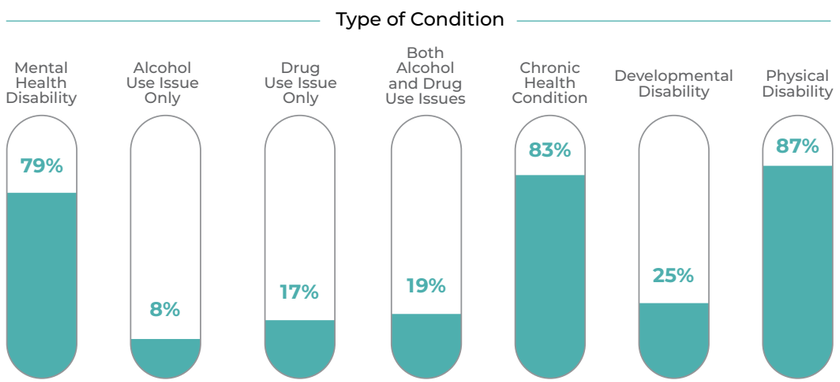


We believe it is strategic to target services, whenever possible, to individuals over the age of 65, as they are extremely vulnerable when living unsheltered, and because they are prioritized for housing and are categorically eligible for SSI benefits without a lengthy application process. The county's Coordinated Entry System weighted scoring tool considers senior status when ranking individuals on the queue for permanent housing. The Social Security Administration allows individuals over 65 to present valid identification to begin receiving SSI benefits the following month. Therefore, we can help these at-risk individuals over the age of 65 obtain permanent housing and a stable monthly income more quickly than we can with most other clients.

Co-existing conditions:

Clients had multiple mental and physical health conditions. **87% had a physical disability, 83% had a chronic health condition, and 79% had a mental health disability.**



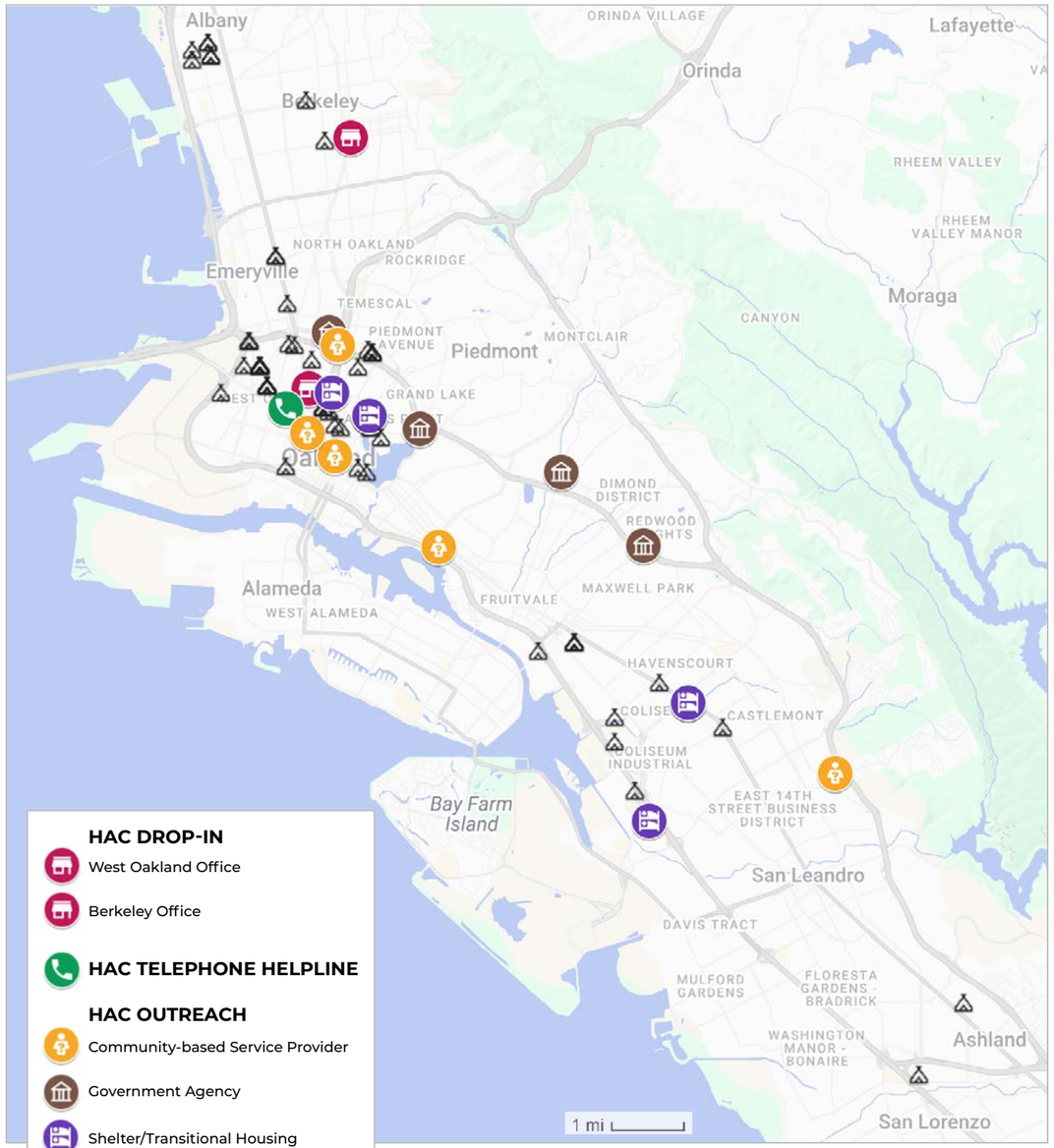


(continues on page 10)

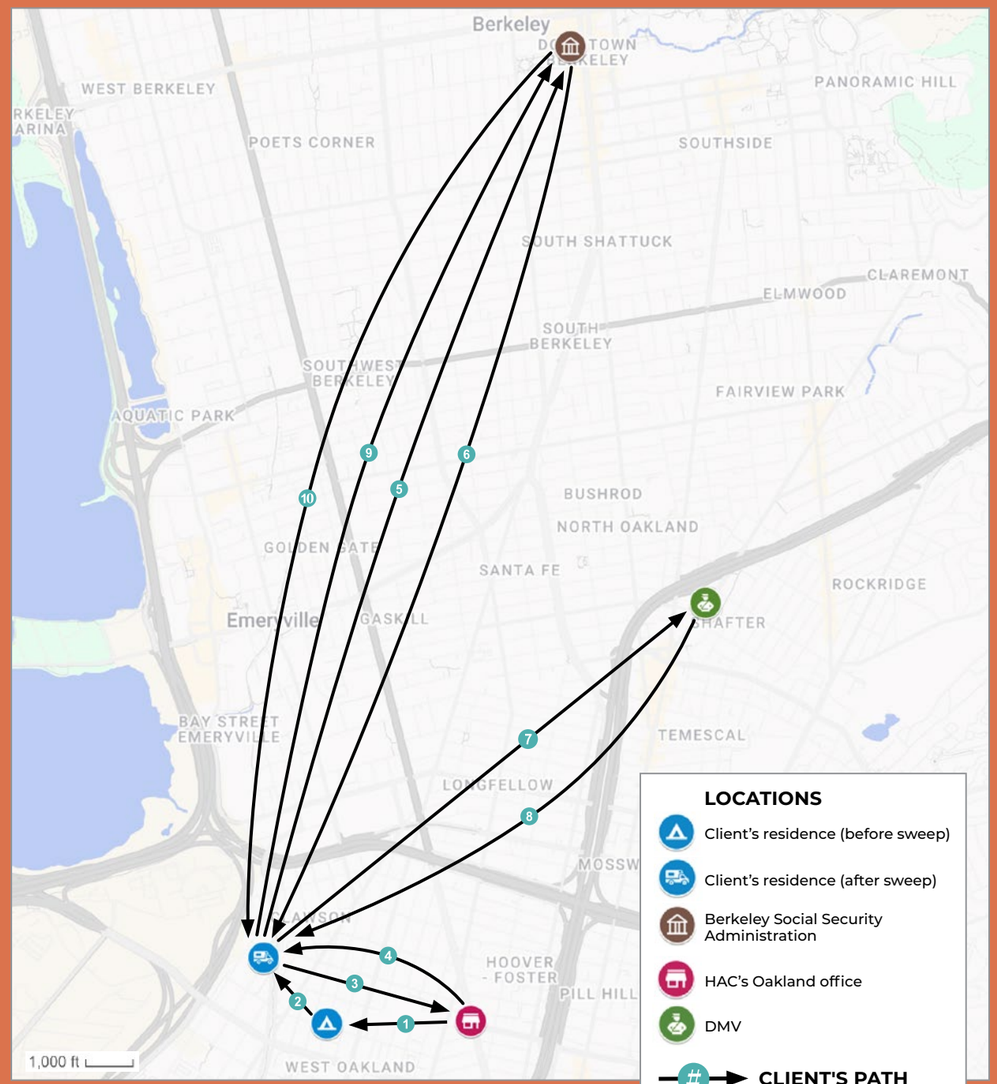
Outcomes Data *(continued)*

How we made contact with and served clients:

With elder clients in unsheltered locations spread across a large swath of the East Bay, it is challenging to provide services to this group, as demonstrated by the map below and at right.



The map at left shows locations where HAC's outreach team first came into contact with project clients during the 24-month period. As seen in the key of icons, these initial engagements were most often at outreach sites in Oakland – at tent and shanty encampments, in parks, etc., but also at shelters and other transitional housing providers, community-based organizations, government offices, and – quite frequently – at HAC's own offices during client drop-in hours.



Map 2 above depicts the travels of one elder client, D.B., and his attorney Heather, as they worked to secure his SSI benefits. In the course of service delivery, the HAC outreach team meets with their client in the field and accompanies them to important appointments and hearings across the county. This case represents an average amount of travel; some cases require more frequent or distant travel.

As stated on page 8, the **average time from when HAC first connects with a disabled, unhoused client and begins their SSI case until when those SSI benefits are successfully secured is absurdly long – 870 days or 2.38 years!** This is due to the complexity of the SSI system which often seems designed to deny benefits to people who clearly qualify, and also due to federal cuts since 2016 to Social Security Adminstration staff – including the judges who hear SSI cases. Of course "average time" means that some HAC clients, especially those aged 65 and older, have their cases resolved more quickly but it also means some clients wait considerably longer than two years.

Case Stories

We present here three cases that HAC attorneys worked on during the first 24 months of this project on behalf of elder clients. The intent is to provide a few examples of the many-step legal advocacy process that often occurs after first contact with a client.

D.B.'s Case

On May 6, 2024, HAC's Outreach Managing Attorney, Heather Freinkel, met with D.B., a Black man who was 60 years old, on Union and 24th Street in Oakland. D.B.'s encampment was about to be swept. At the time, he was not connected to any services whatsoever and had been living unsheltered for four and a half years in a tent, exposed to the weather and other hazards. HAC had previously successfully represented D.B. in his SSI case in 2019. However, D.B. had not been paid since 2023 when an identity theft occurred. Heather agreed to help D.B. try to get the benefits that were rightfully his.

The next day, D.B.'s tent was taken by the City in an encampment sweep. Only one shelter bed was offered to the entire group living in the encampment. D.B. didn't get the bed, so he moved into a non-operational RV a few blocks away, which had no bathroom access. Between May 14 and June 5, Heather called SSA numerous times to inquire about D.B.'s benefits. The calls were disconnected, transferred to a person who did not answer, and routed to an office that could not process Heather's inquiry. Despite this being a time-sensitive fraud case, Heather was unable to get through to anyone who was helpful. Additionally, the client did not have a phone at the time so he would not even be able to call SSA without assistance. Heather also faxed and emailed SSA in hope of a response.

"Our work often requires multiple outreach trips and attempts to contact government agencies. We advocate persistently to reach our client's goals."
~ Heather Freinkel, HAC Senior Managing Attorney

On June 5, Heather visited SSA in person to update D.B.'s file so that his checks would be mailed to him each month at HAC's West Oakland office. She also reported the fraud but, as far as she is aware, no action was taken by the SSA to investigate the matter or compensate D.B. for the benefits that were wrongly issued to a fraudulent third party. On June 24, D.B. received a letter at HAC's West Oakland office confirming that his benefits would be mailed to him by check at the new address and that his benefits amount would increase, as Heather had helped him report his homeless status.

On July 19, Heather assisted D.B. in obtaining an assessment for the Coordinated Entry System housing waitlist. After three attempts to reach the assessor by phone, Heather and D.B. finally connected and were able to get him assessed and placed on the waitlist. On August 8, D.B. became "document-ready" for housing. Heather worked with D.B. to submit all of the required documentation so he would be eligible for housing matches. To date, D.B. has remained on this waitlist for over one year.

On April 24, 2025, Heather accompanied D.B. to the DMV to request a replacement ID, as he had unfortunately lost the one we helped him obtain in June 2024. On May 12, Heather delivered the ID to the client at his truck, where he currently resides, and took D.B. to the SSA to complete his SSI annual determination. D.B. has active SSI in the amount of $1,335.81 per month and, now more than a year later, is starting to receive housing matches.

C.P.'s Case

HAC Senior Managing Attorney Ann Rubinstein met with C.P. on March 13, 2024 at Lake Merritt Lodge in Oakland, where she was giving a presentation about HAC's services. C.P. is a Black and Latino man and, at the time, was age 61 and pursuing a disability claim. He is legally blind and, at age 62, would be eligible for Social Security retirement benefits of $650 a month.

HAC Managing Attorney Meghan Pluimer connected with C.P. on March 18 and scheduled an intake for March 26. C.P. had already filed for SSI and SSDI on February 28, 2024, with a disability onset date of August 23, 2023. His case was assigned to an analyst on July 17 – nearly 5 months after he applied. By July 29, Meghan had helped C.P. submit all his medical records as well as the many other forms Social Security requires.

In August, C.P.'s temporary housing at a county-funded hotel ended and he had to move. C.P. found a room at another welfare hotel. He lacked the move-in costs of $708 and the rent was $37 more per month than the general assistance he was receiving from the county. Meghan helped C.P. file an application for waiver of the $708 move-in costs, accompanied by a letter stating that HAC promised to cover the cost if the application was not successful. Consequently, the hotel allowed C.P. to move in.

"I just want to thank you so much for everything that you have done for me and truly changing my life ... for letting me be part of your family."
~ HAC client C.P.

In September, Social Security scheduled an eye exam for the following month in Santa Rosa – almost 60 miles away from C.P.'s residence. Meghan was able to convince the analyst to cancel the appointment if C.P.'s own doctor could do the testing. The analyst described the exact testing needed and Meghan helped C.P. book an appointment with his eye doctor to do this exact testing on November 20. Meghan received the results on January 21, 2025, uploaded them, and notified the analyst. On March 10, the analyst informed Meghan that the medical consultant required the actual test results charts, not just a description. Meghan obtained these and submitted them the same day.

All for nothing. Social Security insisted on using their doctor in Santa Rosa. On May 8, the day of the Clinical Evaluation, the client waited outside for over 30 minutes, but the Social Security taxi never came. Meghan then helped C.P. order a last-minute Lyft that cost $313, again using HAC's Zim Fund for Acute Client Needs to cover this expense. The report was ready the next day, diagnosing him with legal blindness. C.P. was approved for benefits on May 15, 2025.

D.H.'s Case

On March 19, 2024, HAC Staff Attorney Annie Hatton accompanied HAC's outreach team and met D.H., a 55-year-old Black man living in a tent, unsheltered. Annie took D.H.'s SSI benefits case on the spot and completed his intake on March 27. During the intake, the field office stated that D.H. was undergoing a Continuing Disability Review (CDR), a regular review to determine whether an SSI recipient continues to have a disabling condition, which D.H. could participate in to resume receiving his benefits. Annie worked with D.H. to gather all of his CDR paperwork, only to go to the downtown Oakland Field Office and be told that there was no CDR, and that D.H. would have to restart his claim from the beginning.

"Our ability to build trust with clients depends on us consistently showing up when we say we will, and providing the support we said we would provide."
~ Pattie Wall, HAC Executive Director

Annie tried to help D.H. fight the decision but the Social Security Administration insisted. Annie and D.H. filed a new case at the initial stage on April 30. The case was assigned to an analyst on June 21 and was allowed on August 30. D.H. got into pay quickly, and Annie was able to close D.H.'s case on October 1. Also, in April 2024, D.H. was able to move into a tiny home and was very happy. However, D.H. has since gone missing. When we are able to reconnect with D.H., we will continue to help him with his benefits and housing issues.

Key Takeaways

1 Unsheltered homeless elders desperately need services tailored to their specific vulnerable conditions.

In addition to medical and mental health services specifically designed for seniors, this project has proven the importance of legal services combined with housing navigation to get people aged 55 and over into stable housing.

2 Effectively addressing this population's needs is time- and resource-intensive.

These are not easy legal cases and the obstacles faced by our elder clients mean that lots of energy will need to be put in and the timeline will be long, from opening a client's case to successfully getting them into permanent housing.

3 The combination of street outreach, public benefits legal advocacy, and housing navigation is a highly successful approach to helping clients move from unsheltered homelessness to stable housing.

The service model that HAC has deployed over the past 24 months has proven to be an efficient and, ultimately, cost-saving method for addressing the complex needs of unhoused seniors.

4 More financial investment should be directed towards programs that are proven to be effective means of solving the seemingly intractable circumstances facing communities committed to humanely addressing homelessness.

This project is one that can and should be replicated in other jurisdictions in California and across the nation, with appropriate modifications to accommodate for local conditions. This broader adoption is only possible if current funding support continues and additional financial resources are made available to communities seeking to create their version of this approach.

The case for continued funding of HAC's outreach, advocacy, and navigation model

As mentioned above, in this time of rollbacks of public programs and funding, HAC's unsheltered seniors project and similar programs require financial support to continue our work. Given the mortality rates for unsheltered elders, this is an ethical imperative for our communities. In our work in Alameda County, supporting unhoused and disabled residents depends on two essential federal funding streams: 1) direct funding from the U.S. Department of Housing and Urban Development and 2) federal Medicaid dollars that flow through state and county contracts.

Through successful application to the Special Notification of Funding Opportunity (SNOFO) which HUD released in 2022 as a federal competitive initiative to address unsheltered homelessness, HAC was able to launch this project aimed at reaching and supporting unhoused seniors aged 55 and above in Oakland, California. As our data show, within the first 24 months of the program, our team contacted and began delivering services to 166 unhoused seniors by connecting them with mainstream public benefits, including SSI/SSDI, Medi-Cal, General Assistance, and CalFresh, and supporting their transition into stable, permanent housing.

Cuts to HUD funding would eliminate this successful program, severing access to legal advocacy and housing navigation for a group that is highly vulnerable in our community because they are often managing multiple health issues, cognitive decline, and prolonged trauma from living outdoors. The result would not only be more seniors remaining unhoused, but also greater pressure on emergency systems and hospitals unequipped to provide long-term care and support.

Parallel to the three-year federal funding that HAC has received through this SNOFO, our SSI/SSDI advocacy is funded primarily through county contracts from Alameda County Social Services Agency and Alameda County Behavioral Health. These contracts are matched with federal Medicaid dollars through the Medi-Cal Administrative Activities (MAA) program.

These MAA funds help support the work of more than 50 HAC staff members, including attorneys, managing attorneys, intake specialists, and administrative support staff. If federal Medicaid funds are cut or restructured (e.g., through block grants or state-level reductions), HAC could face a reduction of up to 50% in this critical funding stream.

Continued investment in both direct federal HUD funding and Medicaid-linked state and county contracts is essential to serving this vulnerable population and preserving a program model that delivers results and helps thousands of clients in Alameda County.

Conclusion

The Homeless Action Center is grateful for the support we have received from the U.S. Department of Housing and Urban Development to initiate such a successful project that addresses some of the challenges facing unsheltered homeless seniors in our communities. We look forward to working with public and private sector leaders both to continue this work on the ground in Alameda County and to help replicate our model in other localities. The elders of this state and this nation, who have given so much to our communities during their lives, deserve the stability that comes with safe and permanent housing. HAC is committed to continuing to champion this work and our model for addressing this population's unique needs.

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Anthony Gonzalez, Staff Attorney
Robert Feldman, Advocate
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Ian Cordova Morales, Outreach Specialist
Emma Welty, Outreach Administrative Assistant
Chandra Andrews, Housing Navigator
Vera Sloan, Housing Navigator
Tahirah Woodard, Housing Navigator
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Rebecca Schock, Design
Heather Freinkel, Photography
Kelsey Reid, Photography
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ACTION CENTER

Get in Touch

homelessactioncenter.org
Berkeley: 510-540-0878 / Oakland: 510-695-2260
info@homelessactioncenter.org