

# Seniors are flooding homeless shelters that can't care for them

## Cities are building special shelters for the old, and shelters are hiring trained staff to handle a wave of aging baby boomers

PHOENIX — Beatrice Herron, 73, clutched a flier offering low-cost cable TV, imagining herself settling into an apartment, somewhere out of the Arizona heat where, like others her age, she can settle into an armchair and tune into a television of her own.

Instead, the grandmother and former autoworker can be found most mornings in a food line, or seeking shade under the awning of a mobile street clinic. At night, she sleeps on a floor mat at a homeless shelter. She laments the odors of human waste outside and the thieves who have victimized her repeatedly.

“My wallet’s gone,” she said. “My purse was stolen.”

She hardly stands out from the dozens of seniors using wheelchairs and walkers at a complex of homeless shelters near downtown Phoenix, or from the white-haired denizens of tents in the surrounding streets — a testament to a demographic surge that is overwhelming America’s social safety net.

Nearly a quarter of a million people 55 or older are [estimated](#) by the government to have been homeless in the United States during at least part of 2019, the most recent reliable federal count available. They represent a particularly vulnerable segment of the 70 million Americans born after World War II known as the baby boom generation, the youngest of whom turn 59 this year.

Beatrice Herron, 73, sits in the shade at the Human Services Campus in Phoenix on May 3. (Caitlin O’Hara for The Washington Post)

Herron waits for an appointment at a Circle the City mobile clinic on May 2. (Caitlin O’Hara for The Washington Post)

Advocates for homeless people in many big cities say they have seen a spike in the number of elderly homeless, who have unique health and housing needs. Some communities, including Phoenix and Orange County in California, are racing to come up with novel solutions, including establishing senior shelters and hiring specially trained staff.

“It’s just a catastrophe. This is the fastest-growing group of people who are homeless,” said Margot Kushel, a professor of medicine and a vulnerable populations researcher at the University of California at San Francisco.

The largest shelter provider in Arizona, Central Arizona Shelter Services (CASS), is rushing to open an over-55 shelter in a former Phoenix hotel this summer with private rooms and medical and social services tailored for old people. The facility will open with 40 beds and eventually reach a capacity of 170, but that will barely begin to address the problem of keeping older people safe and healthy. CASS says it served 1,717 older adults in 2022, an increase in one year of 43 percent.

In Orange County, a Medicaid plan is creating a 119-bed, first-of-its-kind unit that essentially will serve as an assisted-living facility exclusively for homeless people, said Kelly Bruno-Nelson, executive director for the plan, CalOptima Health.

“The current shelter system cannot accommodate the physical needs of this population,” she said.

In San Francisco, Portland, Ore., and Anchorage, seniors also are staying for months in respite centers that were meant to provide a short-term stay for homeless people to recuperate. In Boise, shelter operators are hiring staff with backgrounds in long-term care to help homeless clients manage their daily needs while living for long stretches in hotels.

The homeless population is famously difficult to count. People 55 and older represented 16.5 percent of America’s homeless population of 1.45 million in 2019, according to the most recent reliable data. Dennis Culhane, a professor and social science researcher at the University of Pennsylvania, said the population of homeless seniors 65 and older will [double or even triple](#) 2017 levels in some places before peaking around 2030.

“It’s in crisis proportions. It’s in your face,” Culhane said. “Average citizens can see people in wheelchairs, people in walkers, people with incontinence and colostomy bags making their living out of a tent.”

A devastating combination of factors is to blame for the rising problem. People in the second half of the baby boom, who came of age during recessions in the 1970s and 1980s, face distinct economic disadvantages, Culhane said. Housing costs are soaring in many cities. The nation’s system of nursing homes and assisted-living facilities is not equipped to handle the needs of homeless people, who suffer from high rates of substance abuse and mental illness.

Before Phoenix officials began clearing some streets of people this month, there were about 900 people living in a few square blocks known as “The Zone” and another 900 or so living in emergency shelters on the gated Human Services Campus in the same neighborhood, shelter operators said.

In Maricopa County, which encompasses the Phoenix metro area, an annual count in January documented more than 2,000 homeless people 55 and above, and nearly a third of those were 65 or older.

Living on the street ravages the human body, street doctors and advocates say. Homeless people contract chronic diseases and other geriatric problems much earlier than average. But long waits for housing and a lack of specialized care expose them to a continued onslaught on their health.

After treatment for an acute illness, hospitals often discharge homeless patients, who wind up back in shelters or even back into their sidewalk tents and makeshift lean-tos, in what health practitioners in Phoenix ruefully call “treat-and-street.”

The threat of relapses and rehospitalizations is large. Aid workers said seniors’ medicine is often stolen by younger homeless people on the streets. It is not unusual to assist clients with dementia.

Staff at CASS pass out adult diapers. Some unhoused seniors wait in the CASS shelter for a year or more while they wait placement in subsidized housing, assisted living or a nursing home. But CASS is not licensed to provide nursing-home-level care, and staff are not trained as nursing assistants. So patients cannot remain if they have advanced geriatric care needs and require help with activities of daily living such as dressing, eating and going to the bathroom.

“They need a higher level of care than the current shelter system can provide,” said Lisa Glow, chief executive of CASS. “There have been times here where we had to turn people away, where it’s really heartbreaking. They come in a wheelchair, late at night, and they can’t take care of themselves.”

In those instances, staff work to get an alternative space as quickly as possible, such as a hotel, she said.

In Phoenix, summer heat is on the way, which poses a particularly grave threat of dehydration, heat stroke and burns from bare feet — arms and legs coming into contact with blisteringly hot concrete and asphalt.

“Quite a lot of our patients have mobility issues,” said Mark Bueno, a primary care doctor who treats patients living on the streets from a mobile clinic run by Circle the City, a local homeless aid group. “I have patients in their 80’s out here.”

In years of researching homelessness, Kushel has catalogued the countless paths to sudden homelessness for older adults. It often involves the death of a spouse or parent, which means income is lost and rent and mortgages can no longer be paid, she said.

Other long-term, chronically homeless people are simply aging on the street.

Medicaid, the health insurance program for the poor, will only pay for a long-term nursing home or assisted living bed if someone is unable to care for themselves. Many elderly homeless people are not debilitated enough to meet that criteria.

“That’s where the gap in the system is,” said Regan Smith, long-term care ombudsman program director in Maricopa County.

A pinball effect takes hold, said health-care providers, shelter operators and advocates. Homeless people bounce from homeless shelter to hospital, then to a nursing home for a short-term recuperation stay. Once that short-term stay ends, nursing homes must decide if the person is infirm enough to qualify for long-term care. If the answer is no, they must leave the nursing home, starting the cycle over again.

In New Mexico, 69-year-old Steven Block, suffering from memory problems, ended up homeless in the lobby of a Coyote South hotel in Santa Fe this year after being evicted from a nursing home in Taos, Block’s family members said.

Block, a former reporter for a community newspaper in southern Colorado, abused alcohol and suffered a fall near his home in Raton, N.M, said Terrie Gulden, his brother in law. He suffered hip and shoulder fractures and was treated in an Albuquerque hospital, where doctors discovered he had dementia, Gulden said. He transferred to the Taos facility in June 2022 but was discharged with no notification to the family on the last day of January, Gulden said. Block, who had some socks and a change of underwear in a garbage bag, was unable to tell his family how he ended up in Santa Fe.

“I had no idea that was happening until I got a call from a Santa Fe hotel that he was in their lobby. He had no money, no papers, no discharge papers. He was just out on the street,” Gulden said. “I can’t believe that this stuff happens across the country. I know it does, but when it happens to you, it just floors you. It’s unbelievable.”

After two weeks in a homeless shelter in Santa Fe, the local fire department gave Block a ride to the Albuquerque airport, Gulden said, so Gulden could pick up him up and bring him back to Minnesota to be near family.

He was lucky to have relatives who could whisk him to a safer environment. Block now resides in a subsidized apartment. He has family and paid help assisting him with meals and housecleaning.

For people in Block’s circumstances without family support, some shelters utilize special units called “respite” centers.

Respite centers now number about 150 around the country, up from 80 in 2016, according to the National Health Care for the Homeless Council. They often are funded at least in part by local hospitals that want to avoid discharging homeless people back onto the streets.

They are designed to help homeless people recuperate for a few weeks after a health crisis. But with nowhere else to go, elderly people tend to stay far longer.

In Anchorage during the pandemic, shelter operators took over a hockey arena to provide socially distanced quarters for homeless people. But they quickly found that elderly people with

wheelchairs and walkers could not get up the stairs from the arena floor up to the mezzanine, where food was served. It highlighted the need for a vastly expanded respite unit for homeless elderly and disabled.

Catholic Social Services has opened an expanded version of a respite center, what they call a “complex care” facility in a former hotel, where more than 65 percent of current residents are 55 and older.

Still, residents are free to come and go, which poses problems when caring for people with dementia. One man in his 70s walked out in January and was found at the airport several days later, facility staff said. He told police he was waiting for a flight. He didn’t have a ticket.

“He had a coat on. He had a beanie on. He was well-prepared for the weather conditions. But I have no idea how he got out to the airport,” said Jessie Talivaa, program coordinator for complex care at Catholic Social Services. He did not recognize Talivaa when Talivaa showed up to retrieve him. “I said, ‘How about we go get a cup of coffee?’ and I got him a cup of coffee and brought him straight home.”

Now the man is on a waiting list for an assisted-living facility in Anchorage. Talivaa said he is hopeful the man will get into the new place within a few months.

Yet another problem arises, however, when people approach death while in respite care, said Kushel, the San Francisco medical school professor and advocate.

“Medical respite was not intended to be palliative care, hospice care, end-of-life care,” she said, “yet some respite programs are starting to provide that service because there is nowhere else for these folks to go.”

Phoenix street physician Mark Bueno said ambulances pick up a dead person from a tent in The Zone about once a week. Reasons vary, but the combination of aging bodies, brutal living conditions and drugs are often deadly. Nette Reed, an employee of the Human Services Campus, walks the streets early in the morning performing wellness checks on seniors.

Cheryl Sanders, 59, huddled in a pup tent, said she had returned to her spot on the street after being discharged from the hospital two weeks before, following what she said was a second heart attack. It was already hot out at about 8 a.m., and she was surrounded by heavy blankets. She appeared thin. She gratefully accepted water bottles.

She told Reed that she was ready to give up her tent and come inside a shelter, even though she said she has not gotten along with people in the shelter in the past.

“I’m tired,” Sanders said.

“You know I’ve been itching to get you off these streets,” Reed said.

Herron, in two interviews on consecutive days, said she has moved back and forth between her native Mississippi and Phoenix several times in recent years, traveling by Greyhound bus to be near family. Herron said she has endured sporadic homelessness for years.

She lived in an assisted-living facility for a time in 2022, she said, but even at the subsidized rate it consumed \$600 of her \$800-per-month Social Security payment. She moved in with a nephew, but that didn't last and she wound up at one of several shelters at the Human Services Campus. Early this month she was waiting to move into a subsidized apartment that would cost her one-third of her monthly Social Security income.

It would probably leave enough for cable TV payments, she said.

For now, for diversion, she said she likes to ride the light rail cars that glide through downtown Phoenix. She enjoys hearing kids laughing on the train. She wears motivational wristbands; one says "Never Give Up," the other says "One Day at a Time."

Tears well near the surface. They overflow when talk turns to her adult children.

"They see me at Christmas," Herron said, her voice quavering. "They call me Mama."