Homeless people in Las Vegas have been directed to sleep in a makeshift parking lot camp as a way to limit the spread of the coronavirus.

Last winter, Jenna Huey watched as a shaky man in his 70s found his footing in the icy parking lot outside of the Bozeman warming center. Whoever drove him to the shelter passed him his walker before driving away.

“He had no idea why he was here. He was from another community. He lost his housing and this was the nearest shelter,” said Huey, who is the manager at the warming center.

The man was caught in a budding crisis felt among seniors across the country — growing old without a home.

Social service providers in Montana have noticed a spike of baby boomers in emergency shelters, though it’s notoriously difficult to count the homeless population.

In Montana, it’s estimated that 1,800 people over age 55 are unhoused in 2023, 400 more than in 2021, according to data from Homeless Management Information Systems (HMIS).

Baby boomers are especially vulnerable to homelessness due to their reliance on Social Security, which has failed to keep up with inflation, and because they typically have fewer safety nets in place.

Born after World War II, many baby boomers in towns like Bozeman and Kalispell were ill equipped for the sudden rise in rent and the shortage of other, more affordable housing options.

“I can’t tell you how many calls I got from folks that were older, like older than 55 or 60, that had lived in their same house for decades, had the same owner for decades who never raised the rent,” Huey said. “Then all of a sudden they lost their housing.”

Huey and other providers across the state have heard countless stories of homeowners turning their rental property into Air-BnBs or evicting their long-term tenants in order to house their own children in increasingly affluent communities.

In Bozeman, for example, the bare-minimum monthly cost of living rings up to about $2,400, while seniors in the area bring in an average of $1,100 a month on social security, said Margaret Mason, associate director and senior programs director for HRDC.
The gap has led seniors, who often have unique housing and health needs, to rely on more emergency shelters that are not designed to care for older adults.

“We’re on the precipice of a really severe crisis,” Mason said.

The smooth concrete floors in the warming center were originally designed for roller skating. The rink is now lined with bunk beds fitted with plastic-covered mattresses. And at night, there’s surround-sound snoring.

Sometimes younger clients blast hip hop music in the hall while older individuals grumble about “rugrats,” Huey said.

After a lifetime’s worth of working in the community, it’s the last place seniors expect to be, but last year the warming center served 175 unique individuals aged 55 and up.

In the world of emergency social services, 55 year-olds are considered seniors as opposed to the typical 65 year-old mark. That’s because living on the streets is brutal on the human body.

The longer someone goes without housing, the shorter their life expectancy is, dropping from 77 years old down to about 45 years-old, Huey said. Unhoused individuals develop geriatric problems earlier and catch chronic diseases at a higher rate than their housed counterparts.

But emergency shelters are not designed to accommodate physical needs associated with aging.

Shelter guests need to be independent in their activities of daily living, like getting dressed or getting in and out of bed on their own, because shelters aren’t staffed with trained health care workers or even nursing assistants.

“We’re not a long term care facility,” Huey said. “With the lack of nursing homes and assisted living in the state, let alone the lack of funding for said programs for folks that are low income – we’re seeing more and more of those folks showing up at the shelter. It’s a big systemic issue.”

When a homeless person is treated at a hospital, they’re often discharged back to the streets, especially as nursing home and assisted living beds disappear.

Dana Mitchell, an HRDC senior service navigator in Bozeman, received a call about a senior who was a guest at the warming center but recently sustained a traumatic brain injury.

Now, his care needs far exceeded what the shelter was able to provide.

“Those calls vary in severity and emergency and sometimes, you know, those scenarios are really heartbreaking,” Mitchell said. “He needed support systems that really aren’t available.”
The shortage of services extend beyond HRDC's funding limitations and range from from senior and long-term care, behavioral health support and dementia care.

Since the closure of Bridger Rehab and Care Center in August 2022, there are limited options for people with physically debilitating injuries like a TBI.

In 2022, 11 rural nursing homes closed throughout Montana, and the remaining facilities are unable to care for people with substance use disorders or severe mental illness.

Limited funding from state Medicaid, the public insurance for low income residents, has also failed to adequately cover the cost of delivering services. As a result, providers often lose huge amounts of money when treating Medicaid patients.

The massive loss in revenue led nursing home and assisted living administrators to limit the number of Medicaid patients they'll accept, favoring private paying customers instead.

They're also poorly equipped and lack the resources to care for patients with high needs such as dementia, substance use disorder, mental illness or obesity, according to previous reporting by The Gazette.

As an alternative to institutionalized, long-term care, Gov. Greg Gianforte has encouraged elderly Montanans to age in their homes, perhaps with the help of family caregivers. But when an unhoused individual ages, there is nowhere to go or any family to help.

“(Aging at home) is what we all hope for, but it doesn't necessarily mean it's available for everybody and every income and economic state,” Mitchell said, adding that moving ailing family members into a setting with a family caregiver can actually be the catalyst for homelessness.

Mitchell has heard from seniors who moved in with a son or daughter only for their relationship to breakdown.

“They haven't had a realistic conversation of what (family caregiving) is going to look like…when the truth is it's really challenging. On more than one occasion we've gotten those calls about the relationship fracturing and now that person is looking for a different living situation or support system,” Mitchell said.

A disturbing uptick in violence against unhoused people has erupted in Kalispell. In June, a 19-year-old man was charged with deliberate homicide after beating a 60-year-old homeless man to death.

A series of city ordinances has made it difficult for homeless individuals to exist in public places such as a ban on panhandling and carrying excessive personal belongings.
Locals have even pointed to the shelters, saying that because there are services offered in the community more unhoused people are moving to Kalispell.

But statewide data collection systems used to track where people access services across the state show that there are very few out-of-state people using Montana's social services, according to Chris Sage, the HMIS lead for the state.

There is movement between Montana's metropolitan areas located along Interstate-90, particularly Bozeman, Butte and Missoula.

The Kalispell and Whitefish areas, however, are off the beaten path. Sage said there is some movement of unhoused people in and out of the area, but most of the population has lived there for a long time.

O'Neil said that the housing market and the effects from the pandemic are largely to blame for the recent increase.

“There’s no low income housing here and they’re not building any,” said O’Neill.

O’Neill used to see just a couple of newly unhoused 80-year-olds in a year, but now he sees two or three a month. Any housing that is cropping up in the area costs far more than what seniors can afford.

Some of those living with mental illness in Kalispell’s shelters were housed before the pandemic. But when social workers could no longer visit with their clients to help them stay on top of medications and mental health support, the symptoms of chronic illnesses started to flare, sending them back out onto the streets.

“The tide keeps rising, and we’re not doing anything to get ahead of it,” O’Neill said. “Education is key, but we have yet to accomplish very much.”

“(Aging at home) is what we all hope for, but it doesn’t necessarily mean it’s available for everybody and every income and economic state.”