Unsheltered Homelessness

A brief report on what would make people more likely to use shelter, barriers to service, and unmet needs from the unsheltered community

BACKGROUND

This report was written in conjunction with the 2024 Charlotte-Mecklenburg State of Housing Instability & Homelessness Report. The report highlights the responses of people experiencing unsheltered homelessness who were surveyed during the 2024 Point-in-Time (PIT) Count. The report focuses on what they report would make them **more likely to use shelters**, their **barriers to using services**, and their **unmet needs**.

GOALS

The goal of this report is to examine how identity may impact shelter and service utilization and needs. Structural inequities impact access to affordable housing for people of minoritized racial and ethnic identities, sexual orientations, and genders causing them to experience homelessness at disproportionately higher rates.[1] This report focuses on how people's identities, including their race, sexual orientation, gender, and life experiences such as length of time experiencing homelessness, veteran status, and substance use can predict their barriers to services and their shelter needs.

PARTICIPANTS

A total of 212 people experiencing unsheltered homelessness completed the unsheltered community survey during the 2024 PIT count. Not all people answered all survey questions, so the total number of people varies for each question. Additionally, as a result of rounding, or people who declined to answer questions, percentages might not total 100%.

Most people who completed the survey reported they were Black (58%), male (72%), and heterosexual (85%). Thirty-two percent reported they were experiencing chronic homelessness which means that they 1) self-report a disability and 2) reported they had either experienced homelessness for at least 12 months continuously or had experienced homelessness at least 4 times totaling at least 12 months in that past 3 years. Thirty-six percent reported having a substance use disorder (SUD).

Table 1

Participant Characteristics

Characteristic	Category	Frequency	Percentage
Gender (n = 209)	Male	151	71.2
	Female	51	24.1%
	Nonbinary or Transgender	**	**
	Declined	3	1.4%
	Missing	3	1.4%
Age (n = 212)	18-24	13	6.1%
	25-34	46	21.7%
	35-44	46	21.7%
	45-54	52	24.5%
	55-64	43	20.3%
	65+	12	5.7%
Race/Ethnicity (n = 206)	Indigenous	6	2.9%
	Black	119	56.1%
	Hispanic	6	2.8%
	White	47	22.2%
	Other	10	4.8%
	Multiple	13	6.1%
	Don't know	1	0.5%
	Declined	4	1.9%
	Missing	6	2.8%
Sexual Orientation (n = 198)	Queer	**	**
	Lesbian	**	**
	Gay	**	**
	Bisexual	8	3.8%
	Straight	169	79.7%
	Asexual	**	**
	Other	**	**
	Don't know	4	1.9%
	Declined	10	4.7%
	Missing	14	6.6%

Characteristic	Category	Frequency	Percentage
Substance Use Disorder (n = 191)	No	117	55.2%
	Alcohol Use	14	6.6%
	Drug Use	30	14.2%
	Both Alcohol and Drug Use	25	11.8%
	Total Substance Use	69	32.5%
	Don't know	1	0.5%
	Declined	4	1.9%
	Missing	21	9.9%
Veteran (n = 198)	Veteran	17	8%
	Not a Veteran	181	85.4%
Chronically Homeless (n = 212)	Chronically Homeless	68	32.1%
	Not Chronically Homeless	144	67.9%

Table 1** cells less than 5% are not reported; Hawaiian and Pacific islanders included in Indigenous
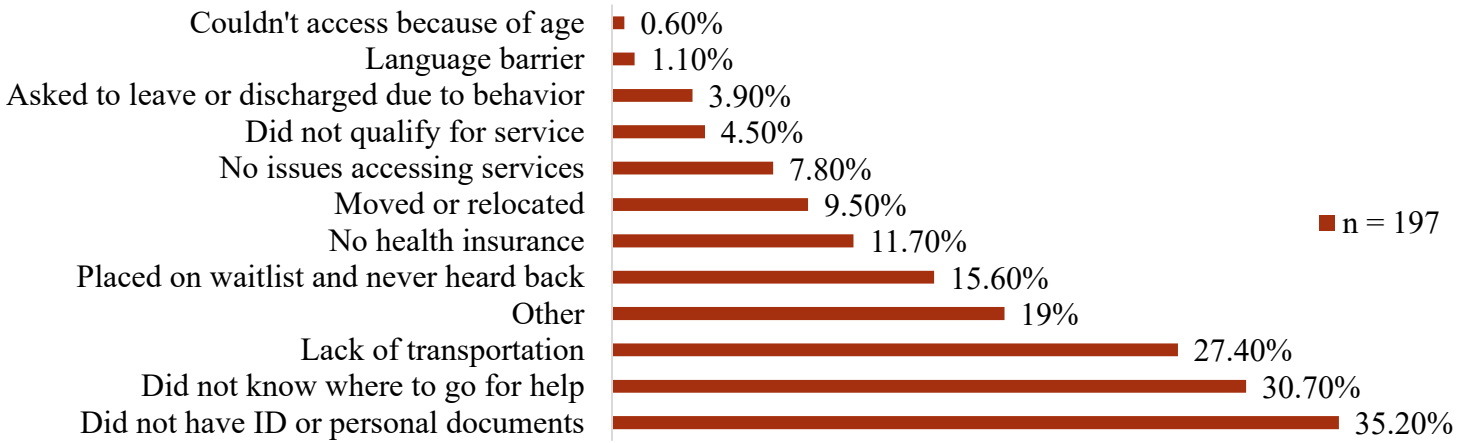
FINDINGS

Statistical analyses examined the associations between people's identities (age, race and ethnicity, sexual orientation, gender, if they had a substance use disorder, or if they were a veteran), what would make them **more likely to use shelter**, what has prevented them from accessing services (**barriers**), and services they needed but could not access (**unmet needs**). Additional tests were used to determine if their identity characteristics predicted their survey responses. Graphs below show the reported responses for each of the three questions, see the Appendix for additional data for frequencies and statistical tests.
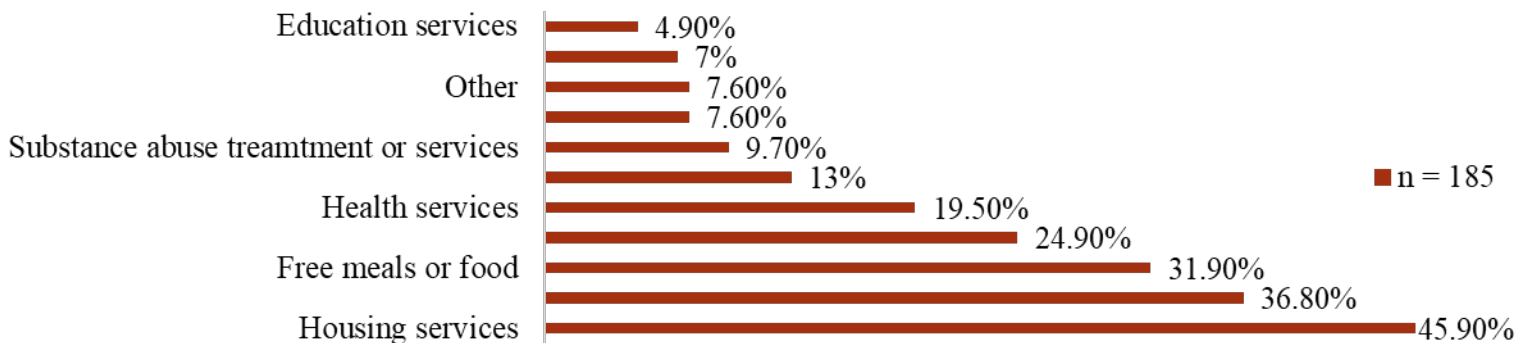
What would make you more likely to use shelter services?

n = 179

- Ability to use substances — 2.80%
- — 3.90%
- — 4.50%
- Ability to shelter with pet or companion — 6.10%
- — 9.50%
- Hours that work with my schedule — 12.30%
- — 12.80%
- Improved cleanliness — 17.90%
- — 22.90%
- Less people in the shelter — 24%
- — 31.80%
- More privacy — 37.40%
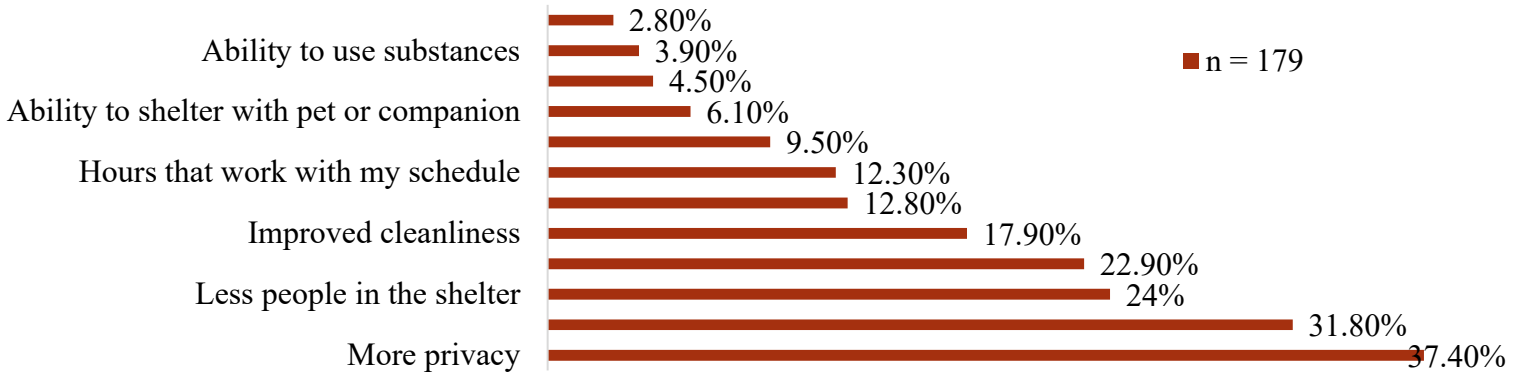
What has prevented you from accessing services?

n = 197

- Couldn't access because of age — 0.60%
- Language barrier — 1.10%
- Asked to leave or discharged due to behavior — 3.90%
- Did not qualify for service — 4.50%
- No issues accessing services — 7.80%
- Moved or relocated — 9.50%
- No health insurance — 11.70%
- Placed on waitlist and never heard back — 15.60%
- Other — 19%
- Lack of transportation — 27.40%
- Did not know where to go for help — 30.70%
- Did not have ID or personal documents — 35.20%

What services have you needed but could not access?

n = 185

- Education services — 4.90%
- — 7%
- Other — 7.60%
- — 7.60%
- Substance abuse treamtment or services — 9.70%
- — 13%
- Health services — 19.50%
- — 24.90%
- Free meals or food — 31.90%
- — 36.80%
- Housing services — 45.90%

More Likely to Use Shelter

While the relationships found in "what would make people more likely to use shelter" were not predictive, there were some disproportionately large relationships between people's identities and backgrounds and what they said would make them more likely to use shelter. Particularly, LGBTQ+‡ people were more likely to report that being able to shelter with their partner or companion or pet would make them more likely to use shelter, and that they experienced discrimination at shelters. Given how Charlotte-Mecklenburg is planning on building an additional shelter in the future, people's responses to what would make them more likely to use shelter are tackled in more depth in the "Implications" section below.

Barriers

People experiencing chronic homelessness were more likely to report not having an ID or personal documents as preventing them from accessing services, as well as having a lack of health insurance. Similarly, people with a SUD were more likely to report that a lack of an ID or personal documents were preventing them from accessing services compared to people without a SUD. Veterans were both disproportionately more likely to say they had no issues accessing services and were more likely to say that a lack of transportation was impacting their ability to access services.

Figure 1: Having a SUD increases the odds of having a lack of personal documents preventing access to services.

People who reported a SUD were 8.8 times more likely to report that lacking an ID or personal documents impacted their ability to access services.

Unmet Needs

Services that people said they "needed but could not access" were reported at disproportionately higher rates by the LGBTQ+ people and people who met the criteria for chronic homelessness. LGBTQ+ people and people experiencing chronic homelessness were both more likely to report having unmet needs for mental health services. People experiencing chronic homelessness were more likely to report the unmet need for drop-in or day services.

The statistical analysis showed that there were some predictive relationships between certain identities and having unmet needs for mental health services and substance use treatment. **People with a SUD were 8.9 times more likely to report an unmet need for mental health services** compared to those without a SUD.
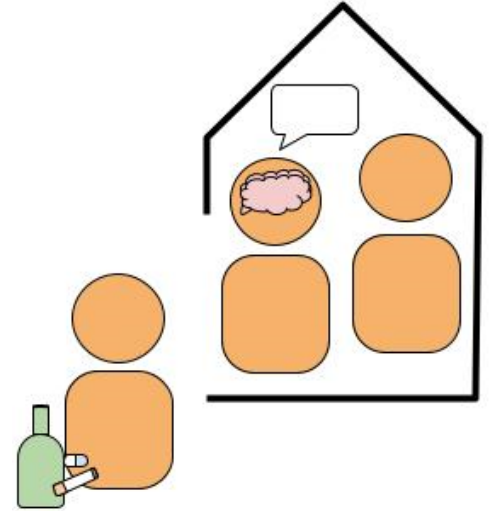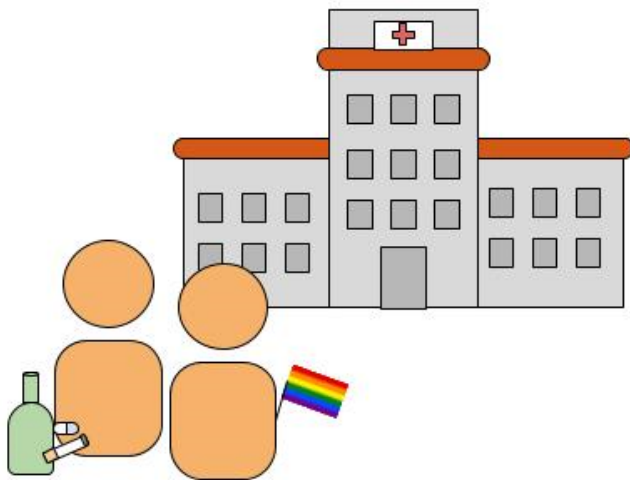
Figure 2: having a SUD increases the odds of having an unmet need for mental health services

Having a SUD and being LGBTQ+ were both predictive of reporting substance use treatment as an unmet need. **LGBTQ+ people were 7.3 times more likely to report needing and not being able to access substance use treatment.** Additionally, **having a SUD made people 12 times more likely to have the unmet need for substance use treatment**.

Figure 3: Having a SUD or being LGBTQ+ increases the odds of having an unmet need for substance use treatment.

IMPLICATIONS

Overall, these results highlight the experiences of LGBTQ+ people, and those with SUD who are living unsheltered. Living with a SUD or being LGBTQ+ predicts a higher likelihood of having

trouble getting services due to lack of ID's and having unmet needs for mental health care and substance use treatment. In addition to the above findings, other tests showed people experiencing unsheltered homelessness who were veterans or chronically homeless also reported challenges accessing services at higher rates. Veterans were more likely than others to report having issues with transportation. People experiencing chronic homelessness were more likely to report a lack of health insurance or a lack of ID being barriers to services and were more likely to report the unmet need of mental health care and drop-in or day services.

While some of the predicative relationships are fairly straight forward such as people with SUD being more likely to need SUD treatment, the relationships between being LGBTQ+ are less clear. These findings could point to issues related to how services are made available to and perceived by these individuals, however, more research is needed.

The goal of focusing on identity and backgrounds of individuals was to investigate if there were groups of people who services in Charlotte-Mecklenburg County area were not reaching. These tests support this – **being LGBTQ+ or having a SUD predicts having challenges accessing services and having unmet needs at significantly higher levels**.

Service providers can improve services for everyone experiencing unsheltered homelessness by looking at the overall frequencies of what people said would make them more likely to use shelter. However, when designing services to better serve the unsheltered community, **providers should take additional consideration for the unique barriers faced by individuals with a SUD or in the LGBTQ+ community.**

Thinking about challenges specific to LGBTQ+ people, community members have noted that there are not shelter services in the area that are inclusive and safe for transgender people, especially transgender women. More broadly, spaces that are intentionally safe shelters for LGBTQ+ people experiencing homelessness are still needed. Future data gathering efforts should continue to assess the need for this sort of shelter and engage with LGBTQ+ people experiencing homelessness to determine what additional things would make a shelter or other services more appealing or safe for them.

Regarding individuals with SUDs, providing mental health services that cater to and beyond substance use treatment are vital. While treatment services themselves are much needed, additional steps like harm reduction are also needed. Groups in Charlotte-Mecklenburg have made great progress in making naloxone free and easily available to people who need it. Additional steps could include expanding initiatives such as clean needle exchange programs which are already being undertaken by groups like QC Harm Reduction. Additionally,

considerations like being able to keep belongings including substance use kits when staying at shelters, and safe use areas so that people could use shelters without fear of going into withdrawal could be helpful for people living with substance use disorders to be able to access shelters safely as seen in examples of low threshold shelters.[2]

Something to consider when examining these findings is that the data may not be fully capturing the experiences of the unsheltered community. It is acknowledged by both local and national researchers working with PIT data that these annual surveys are an undercount – that there are more people experiencing unsheltered homelessness than are able to be surveyed.[3] One barrier to getting a more accurate count is the distrust some people experiencing homelessness have towards authorities, researchers, and service providers. People are less likely to talk to the volunteers and complete the survey if they are credulous that it will be safe or beneficial to them to do so.[4] Thus, groups of people such as Black people and People of Color, LGBTQ+, and other people from marginalized communities may be less likely to be surveyed and have their experiences represented in this report. As such, service providers **should assume that people with additional marginalized identities likely have additional challenges to those highlighted in this report or experience these hardships to greater degrees**.

ACTIVITSTS, POLICY MAKERS, & SERVICE PROVIDERS

The main take aways from this research are that LGBTQ+ people, people with a SUD, those who are chronically homeless, and veterans reported higher rates of having challenges accessing services, unmet needs, and things that would make them more likely to use shelter. **Being LGBTQ+ or having a SUD is also associated with having increasingly higher likelihood of having an unmet need of mental health services, and substance use treatment.**

As Charlotte-Mecklenburg approaches the 2026 PIT count, special care should be taken to try to survey people who are experiencing unsheltered homelessness, especially those from the communities highlighted in this research. If findings from 2025 show that these communities continue to have similar challenges and barriers, this will support that these are consistent and pressing needs for these communities. As local service providers consider how to expand services and create new shelters, understanding the things that would make people more likely to use shelter is crucial. On the 2024 PIT survey, people who did not indicate they were LGBTQ+ indicated they would be interested in an LGBTQ+ specific shelter, which potentially clouded the data. In 2026, care should be taken to ascertain if people would be interested in using an LGBTQ+ shelter because they are part of the community and would prefer that to other shelters,

or if they are not part of the community but would go anywhere that had space for them.

Overall, people experiencing unsheltered homelessness face a number of challenges, especially when coming from a background with a SUD or being in the LGBTQ+ community. However, the people interviewed for this survey most frequently indicated that they were interested in and that **they needed housing services**; and three of the top four responses to what would make people more likely to use shelter were related to having privacy, more space, and fewer people. This paints a picture that **many people living unsheltered would use shelter services and want to be housed if they felt there was a place for them in these shelters**. This is a hopeful sign that with expanded shelter services that cater to these considerations, more people could be connected to shelter services and ultimately to housing.

REFERENCES

1. Richard, M. K. (2023). Race matters in addressing homelessness: A scoping review and call for critical research. *American Journal of Community Psychology*, *72*(3–4), 464–485. https://doi.org/10.1002/ajcp.12700
2. Beaugard, C. A., Khudairi, F., Yesufu, O., Farina, A., & Laks, J. (2024). "I don't think of it as a shelter. I say I'm going home": a qualitative evaluation of a low-threshold shelter for women who use drugs. *Harm Reduction Journal, 21*(1), 44–11. https://doi.org/10.1186/s12954-024-00930-1
3. KCRHA. (2022, April 16). *FAQ: Point in time count*. KCRHA. https://kcrha.org/faq-point-in-time-count/
4. Stanley, D. (2017). (publication). (M. Foscarinis, Ed.) *Don't Count on It: How the HUD Point-in-Time Count Underestimates the Homelessness Crisis in America* (pp. 11–12). Washington DC, District of Columbia: National Law Center on Homelessness & Poverty.

Appendix A: Full Test Findings

PROCEDURE

Unsheltered homelessness is defined by this report as "a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground". Analyses for this report were performed using IBM SPSS Statistics version 28.0.1.1.

Frequencies:

<u>What would make you more likely to use shelter</u>?

- The total of 179 participants responded to this question. They could indicate multiple responses to this question. Percent is the percentage of respondents who responded in the affirmative that a given option would make them more likely to use shelters.

	Responses	
	Frequency	Percent
Space in the shelter	41	22.9%
Less structure	23	12.8%
Improved cleanliness	32	17.9%
More privacy	67	37.4%
Ability to use substances	7	3.9%
Less people in shelter	43	24.0%
Hours that work with my schedule	22	12.3%
Ability to shelter with my pet or companion	11	6.1%
Ability to bring my personal belongings	17	9.5%
I am banned or not eligible for shelter	5	2.8%
I feel discriminated against at the shelter	8	4.5%
other	57	31.8%

What prevented you from accessing services?

- The total of 179 participants responded to this question. They could indicate multiple responses to this question. Percent is the percentage of respondents who responded in the affirmative that a given option prevented them from accessing services.

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	Responses	
	Frequency	Percent
Did not have ID or personal documents	63	35.2%
Did not know where to go for help	55	30.7%
Placed on waitlist and never heard back	28	15.6%
No issues accessing services	14	7.8%
No health insurance	21	11.7%
Asked to leave or discharged because of behavior	7	3.9%
Lack of transportation	49	27.4%
Couldn't access because of age	1	0.6%
Language barrier	2	1.1%
Did not qualify for services	8	4.5%
Moved or relocated	17	9.5%
Don't know	15	8.4%
other	34	19%

What have you needed but unable to access?

- The total of 185 participants responded to this question. They could indicate multiple responses to this question. Percent is the percentage of respondents who responded in the affirmative that a given option is an unmet need.

	Responses	
	Frequency	Percent
Free meals or food	59	31.9%
Transportation assistance or bus passes	68	36.8%
Job training or employment services	46	24.9%
Mental health services	24	13.0%
Legal assistance	13	7%
Housing services	85	45.9%
Drop-in or day services	14	7.6%
Health services	36	19.5%
Substance abuse treatment or services	18	9.7%
Education services	9	4.9%
Don't know	8	4.3%
other	14	7.6%

Chi Squared Tests or Fisher Exact Tests:

What would make you more likely to use shelter?

- The results of the Fisher's exact test (p = .02) indicate a significant association between being *LGBTQ+* and being more likely to use shelter *if you can shelter with your pet or companion.*
    - The table is not included due to cell sizes less than 5
- The results of Fisher's exact test (p < .01) indicate a significant association between being *LGBTQ+* and being more likely to use shelter *if there were less discrimination.*
    - The table is not included due to cell sizes less than 5

What prevented you from accessing services?

- The results of the Fisher's exact test (p = .01) indicate a significant association between being *chronically homeless* and being more likely to have trouble accessing services due to *a lack*

of personal ID or documents.

		Chronically Homeless				Total	
		no		yes			
		N	%	N	%	N	%
no ID or Personal Documents	no	83	72.2%	33	51.6%	116	64.8%
	yes	32	27.8%	31	48.4%	63	35.2%
Total		115	100.0%	64	100.0%	179	100.0%

- The results of the Chi square tests of independence X^2 (4, $N = 168$) = 14.51, $p = .01$ indicate a significant association between *having a substance use disorder* and being more likely to have trouble accessing services due to *a lack of personal ID or documents.*

		SUD								Total	
		no		alcohol use		drug use		both			
no ID or Personal Documents	no	74	74.7%	7	50.0%	14	48.3%	9	40.9%	107	63.7%
	yes	25	25.3%	7	50.0%	15	51.7%	13	59.1%	61	36.3%
Total		99	100.0%	14	100.0%	29	100.0%	22	100.0%	168	100.0%

- The results of the Fisher's exact test ($p = .03$) indicate a significant association between being a *veteran* and having *no problems accessing services.*
    - The table is not included due to cell sizes less than 5

- The results of the Fisher's exact test ($p = .05$) indicate a significant association between being *chronically homeless* and having *a lack of health insurance* preventing you from accessing services.

		Chronically Homeless				Total	
		no		yes			
		N	%	N	%	N	%
no health insurance	no	106	92.2%	52	81.3%	158	88.3%
	yes	9	7.8%	12	18.8%	21	11.7%
Total		115	100.0%	64	100.0%	179	100.0%

- The results of the Fisher's exact test ($p = .04$) indicate a significant association between being a *veteran* and having *a lack of transportation* preventing you from accessing services.
    - The table is not included due to cell sizes less than 5

What have you needed but been unable to access?

- The results of the fisher's exact test ($p = .04$) indicate a significant association between being *LGBTQ+* and having an unmet need for *mental health services.*

		LGBTQ+				Total	
		no		yes			
		N	%	N	%	N	%
mental health services	no	143	89.9%	12	70.6%	155	88.1%
	yes	16	10.1%	5	29.4%	21	11.9%
Total		159	100.0%	17	100.0%	176	100.0%

- The results of the Fisher's exact test ($p = .01$) indicate a significant association between being *chronically homeless* and having an unmet need for *mental health services*.

		Chronically Homeless				Total	
		no		yes			
		N	%	N	%	N	%
mental health services	no	112	92.6%	49	76.6%	161	87.0%
	yes	9	7.4%	15	23.4%	24	13.0%
Total		121	100.0%	64	100.0%	185	100.0%

- The results of the Fisher's exact test ($p = .01$) indicate a significant association between being *chronically homeless* and having an unmet need for *drop-in/day services*.
  - The table is not included due to cell sizes less than 5

- The results of the Fisher's exact test ($p = .01$) indicate a significant association between being *LGBTQ+* and having an unmet need for *substance use treatment and services*.

		LGBTQ+				Total	
		no		yes			
		N	%	N	%	N	%
SUD treatment or services	no	148	93.1%	12	70.6%	160	90.9%
	yes	11	6.9%	5	29.4%	16	9.1%
Total		159	100.0%	17	100.0%	176	100.0%

Binomial logistic regressions were performed to determine the effects of age, race, LGBTQ+ identity, gender, chronic homelessness, substance use disorder and developmental disability on the likelihood that participants would endorse specific improvements that would make them more likely to use the shelter system, specific things that have prevented them from accessing services, or specific services they have needed but could not access. A logistic regression was run for each of the options on the PIT survey for the three questions regarding improvements, barriers and unmet needs. Of those regressions, none of the models for improvements to the shelter were statistically significant. Of the regressions performed for questions regarding barriers and unmet needs, the following were statistically significant.

The logistic regression model for *having no personal ID preventing access to services* was statistically significant $\chi2(23) = 45.55$, $p = .01$. The model explained 33.1% (Nagelkerke R2) of the variance in having no personal ID preventing access to services and correctly classified 74.8% of cases. Sensitivity was 50.9%, specificity was 87.5%, positive predictive value was 68.3% and negative predictive value was 77.1%. Of the seven predictor variables only having a substance use disorder was a statistically significant predictor ($p < .01$). *Having a substance use disorder increased the odds of having no personal ID preventing access for participants by 8.8 times*.

Regarding the question of what participants have needed but could not access, the logistic regression models for reporting the *unmet need for mental health services* and *substance use treatment and services* were statistically significant – $\chi2(23) = 37.61$, $p = .03$, and $\chi2(23) = 47.22$, $p < .01$ respectively. The model for mental health services explained 39.2% (Nagelkerke R2) of the variance in having an unmet need for mental health services and correctly classified 89.0% of the cases. Sensitivity was 25.0%, specificity was 97.9%, positive predictive value was 62.5% and negative predictive value was 90.3%. Looking at the same seven predictor variables, only having a substance use disorder was statistically significant in this model ($p < .01$) with *having a substance use disorder making the odds of having an unmet need for mental health services 8.9 times higher* compared to people without a substance use disorder.

Similarly, when looking at the model for the *unmet need for substance use treatment,* the model explained 54.8% (Nagelkerke R2) of the variance in having an unmet need for mental health services and correctly classified 92.6% of the cases. Sensitivity was 40.0%, specificity was

98.8%, positive predictive value was 66.7% and negative predictive value was 94.2%. Looking at the same seven predictor variables being LGBTQ+ (p = .01), or having a substance use disorder (p < .001) were statistically significant in this model. *LGBTQ+ participants were 7.3 times more likely to report the unmet need for substance use treatment* compared to people who were not LGBTQ+. Similarly *having a substance use disorder makes the odds of having an unmet need for mental health services 12.0 times higher* compared to people without a substance use disorder.