

Housing First Charlotte-Mecklenburg Outcomes & Utilization Report

November 2020/Frequently Asked Questions



What is Housing First Charlotte-Mecklenburg?

Housing First Charlotte-Mecklenburg (HFCM) is a multi-sector collaboration to end chronic homelessness by scaling housing first, and particularly the housing first permanent supportive housing model. The effort began in 2015 and the work continues through the Charlotte-Mecklenburg Continuum-of-Care.



What is housing first and why does it work?

Housing first is an evidence-based approach to address homelessness that provides housing as quickly as possible instead of requiring individuals experiencing homelessness to complete a number of service steps to become “housing ready” and then receive permanent housing. Housing first recognizes that a stable and secure place to live is the foundation that lives can be built and rebuilt on and that housing is crucial for health, mental health, and economic stability. Housing first programs prioritize housing as an early step in service delivery, have low barrier admissions policies with minimal eligibility criteria, maximize client choice in housing and services, use a harm reduction approach to substance use and other personal challenges, and do not require service compliance or success in order for a tenant to maintain housing. Housing first is not “housing only” and the most extensive research documenting the success of housing first is on programs that provide an array of services to support formerly homeless individuals.



Did Housing First Charlotte-Mecklenburg work?

Yes. Between January 2015 and January 2020, over 1,000 people were housed. Of the individuals who participated in the HFCM study who were housed (n=165), 73% were still in their housing a year after they were housed and the rate was even better: 80% for those housed in permanent supportive housing. In previous research, housing retention rates for traditional services that addressed chronic homelessness ranged from 24% to 39%. Housing first effectively ends homelessness for the vast majority of those who are able to access it. This report locally confirms national and international findings on the effectiveness of housing first, particularly housing first permanent supportive housing to end homelessness, improve people’s lives, and reduce use of emergency services.



But this was an effort to end homelessness and there are still people sleeping on benches at night. Why?

Ending homelessness requires housing that is available and affordable to all households, especially households with extremely low incomes. Lack of affordable housing creates bottlenecks in emergency shelters (increasing length of stay in homelessness), and pushes more people into chronic homelessness, since the longer people remain homeless, the more likely they are to “weather” on the streets and develop disabling conditions. In addition, it prevents people from leaving chronic homelessness because despite best efforts, direct service providers must compete with each other to secure one of the few affordable rental units and/or find a market rate unit with a landlord willing to accept a housing subsidy. With estimated shortages of 23,060 affordable units for households that earn under \$26,200 for a family of four or \$17,550 for a single individual (less than 30% of the Area Median Income or AMI), there are not enough units of available and affordable housing and/or rental subsidies to end chronic homelessness in Charlotte-Mecklenburg.



What did the research team find as a result of HFCM?

Housing first improves people’s lives. The study measured people’s quality of life, mental health symptoms, trauma symptoms, perceived general health and mental health, and substance use using standardized measures. Participants improved on all measures beyond that of the comparison group, including use of any drug and/or alcohol to the point of intoxication in the last 30 days. Except for the slight improvement in general health, all improvements were statistically significant. In addition, participants told us their lives improved. One study participant stated, “Everything has changed. I just feel like a big boulder has fallen off my shoulders. I have a sense of belonging. I actually have keys, it is just awesome.”

Housing first also reduced use of many community services. Study participants who were housed spent fewer nights in emergency shelter and visited the health department and emergency department less. Fewer were arrested or incarcerated when compared to those who were not housed. Once people were housed, more people used financial assistance services at Crisis Assistance Ministry, which serves as reminder that while lives have improved, without additional services that can reduce the cost of basic living expenses and/or significant increases to household income, formerly homeless individuals still struggle with making ends meet, and in some cases, will continue to need some form of financial support to maintain stable housing.



Did HFCM save money?

The research suggests some cost offsets in community services based on the reduction in the use of community services, particularly emergency services like the emergency department and emergency shelter. Based on the analysis, there is a \$2.54 reduction in other community services for every \$10 invested in housing first permanent supportive housing. The intervention does not pay for itself, but this does not indicate lack of success or failure to provide value. In fact, very few health and human service interventions actually pay for themselves. Cost is one important dimension to consider when assessing solutions for large community challenges like homelessness; however, effectiveness and ethical implications are also important dimensions that communities can use to shed light on overall impact. Housing first permanent supportive housing is far more effective than other interventions in addressing chronic homelessness. And, it accomplishes this at a reasonable cost while also employing an approach that values self-determination, agency, and the human need for a stable place to live.



But the Moore Place Study found large reductions in emergency room bills. Why didn't this study find the same?

The HFCM study also found reductions in emergency room utilization and associated costs, but differed from the Moore Place study in a couple of key ways. First, almost all the participants in the Moore Place study frequently used the emergency room to address extensive health challenges before they were housed. While everyone who participated in the HFCM study was chronically homeless, their use of emergency services varied prior to housing. For example, if the expanded street outreach team connected someone who had little involvement with any institution prior to housing, that person would not show any reduction in use of services once they were housed and there would be little or no associated cost offsets. Second, with funding from Mecklenburg County, UNC Charlotte, and Roof Above, the HFCM study was able to use a more extensive and rigorous research methodology to study the intervention. Specifically, the research team was able to include a comparison group to understand the changes that were happening among those who were housed compared to those who weren't. When comparison or control groups are included in housing first research, cost offsets are more modest.



Did the study indicate ways housing first can improve in Charlotte-Mecklenburg?

Yes, the HFCM study found that housing retention was better for some forms of housing than others. Permanent supportive housing (PSH) had the highest housing retention: 80% of those who were housed in PSH remained housed after a year, but only 55% of those placed in Rapid Re-Housing and only 41% placed permanent with family or friends remained housed after a year. Those placed in Rapid Re-Housing may benefit from longer term subsidies and those placed with family or friends may benefit from additional financial and supportive services. Further study of these models is warranted. In addition, while individuals who were housed in permanent supportive housing had better rates of housing retention, they had lower rates of food security after they were housed. Permanent supportive housing programs should consider ensuring food security as a regular part of their service array. Additional lessons learned are discussed in the HFCM Final Process Evaluation Report released in September, including using a racial equity lens to improve the community's housing prioritization tool.



Why does housing first matter in the context of Covid-19?

Permanent housing helps protect those experiencing homelessness and the community as a whole. The individuals now housed in their own apartments through the Housing First Charlotte-Mecklenburg effort can follow public health guidance that will keep them and the community safer. Shelters and hotels are important to protect the homeless population and the community from the spread of the virus, but they are temporary. Stable housing provides long-term protection for formerly homeless people and the whole community.



Does this effort to end chronic homelessness still exist?

Yes. In 2018, HFCM working committee members partnered with the Charlotte-Mecklenburg Continuum of Care (CoC) to establish an ongoing chronic homelessness workgroup under the CoC to continue the effort to end chronic homelessness. Ending chronic homelessness remains a goal of the CoC and the community continues to participate in Built For Zero, a national effort to end chronic homelessness in over 80 partner cities. In January 2020, Charlotte Center City Partners reconvened the HFCM steering committee to examine the problem of chronic homelessness as part of the full housing continuum. This includes how the work to address chronic homelessness complements and can be positively impacted by other efforts including prevention assistance to address the inflow or aging of individuals into chronic homelessness.



What's next for research and future reports?

The findings from the HFCM final report can be used to inform Charlotte-Mecklenburg's response to end and prevent homelessness as well as efforts to address the area of chronic homelessness. To better understand and share all of the findings reported in the final outcomes and utilization report, Mecklenburg County Community Support Services and the HFCM research team will complete additional deep dive analyses. These will be released in future blog posts on the Charlotte-Mecklenburg Housing & Homelessness Dashboard. The HFCM research team will also submit findings from the study for peer-review and inclusion in academic journals in order to share Charlotte-Mecklenburg's successes and lessons learned; and to contribute to the growing body of evidence on the effectiveness of housing first.



Who supported the research?

A research project of this magnitude is only possible through the support and coordination of multiple partners and resources. The HFCM research and evaluation project received financial support from Mecklenburg County; Roof Above; and the UNC Charlotte College of Health and Human Services, the School of Social Work, and the UNC Charlotte Urban Institute. The research could not have happened without the many community leaders, service providers and individuals with lived experience in chronic homelessness who participated in the research and made this research project possible.



Who did the research?

The HFCM Research and Evaluation project was conducted by UNC Charlotte faculty in the College of Health and Human Services, the School of Social Work, the College of Liberal Arts and Sciences, the Belk School of Business, and researchers in the UNC Charlotte Urban Institute. Over twenty students worked as research assistants, several of whom now work in homeless services. In addition, several community members also served on the research team, including peer research specialists. Dr. Jennifer Troyer, Dean of the Belk School of Business at UNC Charlotte, and Dr. Sam Tsemberis, a founding father of housing first permanent supportive housing and faculty member at Columbia University School of Psychiatry, consulted on the research. The research is led by Dr. Lori Thomas, Associate Professor of Social Work at UNC Charlotte and Director of Research and Faculty Engagement at the UNC Charlotte Urban Institute, where she also directs the Institute for Social Capital.



If I have a question, who can I contact and how?

Dr. Lori Thomas is the Principal Investigator of the HFCM research and evaluation project. You can contact her about the data or findings at LoriThomas@uncc.edu.

