



Moore Place Permanent Supportive Housing Evaluation Study Year 1 Report February 14, 2014

Executive Summary

Prepared by the University of North Carolina at Charlotte
Department of Social Work



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Moore Place, a HousingWorks program of the Urban Ministry Center in Charlotte, opened in January 2012 and through the summer of 2012 welcomed 85 chronically homeless adults as tenants. Moore Place is a permanent supportive housing (PSH) facility and the first PSH facility in the Charlotte area to operate as a *Housing First* model. The program provides permanent housing and comprehensive supportive services to individuals who have extensive histories of homelessness and a disabling condition (mental health and substance abuse disorders, chronic health disorders, physical disabilities, and developmental disabilities).

Individuals who experience chronic homelessness are among the community's most vulnerable and face numerous intersecting health, mental health, economic, and social challenges resulting in poor health status, poor quality of life, and premature mortality (Burt, 2003). Despite representing only a small portion of the homeless population, the chronically homeless population uses numerous community resources. Homeless adults are high users of medical care, often cycling in and out of emergency rooms and psychiatric hospitals (e.g., Kushel, Vittinghoff, & Haas, 2001; Kushel, Perry, Bangsberg, & Clark, 2002). When hospitalized, chronically homeless adults stay longer than those who are housed (Kuno, Rothbard, Avery, & Culhane, 2000; Salit et al., 1998). When their chronic homelessness is not effectively addressed, the results are far reaching for the individuals and for the broader community.

This report summarizes the activities and findings of the Moore Place Evaluation Project during the third phase of a two-year, four-phase evaluation project led by Dr. Lori Thomas in the Department of Social Work at the University of North Carolina at Charlotte (UNC Charlotte) and supported by research team members at UNC Charlotte, the University of North Carolina at Greensboro/North Carolina A&T University School of Social Work, and the University of South Carolina College of Social Work. The research team is examining the impact of Moore Place on the housing, clinical, and social stability of its tenants and on their emergency room and jail utilization. Key findings are as follows:

Moore Place tenants are more vulnerable than anticipated, particularly regarding age, disabling conditions, and the impact of traumatic stress.

Moore Place was designed to address chronic homelessness among the most vulnerable in the Charlotte community, yet the profile of individuals served suggests a population with intersecting challenges that in some cases surpass the vulnerability of those in comparable programs. The disproportionate number of aging tenants suggests one dimension of vulnerability. The youngest tenant in the study was 36, but the average age of study participants upon move-in was 52.8 and nearly 75% of participating tenants were over the age of 50. This exceeds the national average of 40% of individuals over 50 living in permanent supportive

housing (US HUD, 2011). Homelessness is associated with accelerated aging (e.g., O’Connell, Roncarti, Reilly et al., 2004) and older homeless adults experience negative health and mental health outcomes at rates that exceed the younger homeless and housed populations (e.g., Brown, 2011; Cohen, 2005). In addition, the majority of study participants (72.4%) experienced two or more disabling health-related conditions including physical disability, chronic physical health conditions, mental health disorders, and substance use disorders. Finally, nearly half of tenants who participated in data collection at baseline met the clinical criteria for Post Traumatic Stress Disorder (PTSD). As with aging and disabling conditions, traumatic experiences are associated with numerous adverse mental and physical health outcomes (e.g., Felitti et al., 1998; Sachs-Ericsson et al., 2009; Springer et al., 2007).

Despite these intersecting vulnerabilities, Moore Place continues to demonstrate high housing stability rates after Year 1 of housing.

Of the 73 tenants who participated in baseline data collection, 79.5% (n=58) remained housed at Moore Place after Year 1. Of the study participants who left Moore Place, 3 tenants left for other permanent housing and remain in that housing. This suggests that the housing stability rate among those who participated in the study is 84% (n=61). Tenants were homeless an average of seven years prior to moving into Moore Place and experienced periods of homelessness ranging up to 30 years. The Moore Place housing stability rate is consistent with or higher than other *Housing First* permanent supportive housing models across the country (e.g. Pearson, Montgomery, & Locke, 2009; Stephancic & Tsemberis, 2007).

Moore Place tenant income has increased since entering the program.

Average tenant income increased from \$403.22 (SD=382.1) at baseline to \$502.14 (SD=393.3) at Year 1, a statistically significant difference ($p<.05$). Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI) were the key forms of benefit income that increased between the baseline and Year 1 data collection points. In North Carolina, SSI recipients are automatically eligible for Medicaid, providing an important health care resource for a population with numerous health vulnerabilities. At Year 1, 70.1% of participating tenants received Medicaid, an increase from 37.9% at program entry. Regular income also allows tenants to contribute to the cost of their housing and to resume or develop financial management behaviors necessary to maintain housing.

Area hospital bills, emergency room visits, and lengths of hospitalizations have significantly decreased during tenants' first year of housing at Moore Place.

Despite multiple health and mental health vulnerabilities and self-perceptions of poor health and mental health, tenants use of emergency health services is decreasing. In the year after moving into Moore Place, tenants visited the emergency room 447 fewer times (78% reduction) and were hospitalized 372 fewer days (a 79% reduction) than they were the year before. Among participating tenants, the total amount billed was nearly \$1.8 million less in the year after their move to Moore Place than it was the year before (a 70% reduction). On average, hospital bills per tenant were \$41,542 in the year prior to Moore Place, but dropped to \$12,472 the year after the tenant moved into Moore Place, a statistically significant change ($p<.001$). The average number of emergency room visits per tenant decreased from 9.3 (SD=20.3) to 2.0 (SD=4.4) visits and the average length of hospitalization decreased from 7.6 (SD=16.4) to 1.6 (SD=4.7) days, both measures statistically significant ($p<.01$). As Moore Place clinicians continue to work with tenants to address and improve their health and mental health, the program is already realizing the goal of more cost-effective health service utilization. In addition, as tenants access more regular sources of care, other health outcomes may improve (e.g., Gelberg, Anderson, & Leake, 2000).

Arrests and jail stays significantly decreased during tenant's first year at Moore Place.

Reductions in service utilization extend to the criminal justice system, specifically arrests by the Charlotte-Mecklenburg Police Department and incarcerations at the Mecklenburg County jail. Most tenants were *not* involved with the criminal justice system either before or after their move to Moore Place. However, of the tenants arrested or jailed in the year preceding ($n=13$) or following ($n=7$) their move to Moore Place, there were 36 fewer arrests (78% reduction) and 418 fewer nights in jail (84% reduction). The decrease in the average number of arrests and jail stays was statistically significant ($p<.05$).

Moore Place tenants perceive greater social support among friends than they did when they first entered the program.

For the 32 tenants who completed the perceived social support measure at baseline and Year 1, the average score improved from 12.59 (SD=2.76) to 17.41 (SD=9.72), a statistically significant improvement ($p<.05$). Among homeless and formerly homeless individuals,

higher rates of perceived social support are linked to a reduced likelihood of victimization (Hwang et al., 2009; Lam & Rosenheck, 1998), better quality of life (Lam & Rosenheck, 2000), and better health and mental health outcomes (Cohen, 2004; Hwang et al., 2009; Kawachi & Berkman, 2001). As the social stability of Moore Place tenants improves, their health and mental health may follow.

Moore Place tenants indicate that staff members are a key strength of the program.

When asked at the end of Year 1 data collection, “What does Moore Place do well?” the majority of Moore Place tenants listed the staff. As one tenant noted, “Staff give us a lot of smiles, make us feel welcome, we are somebody, we don’t have to feel afraid. There is someone there to help us in our need.” Homeless persons’ perceptions of the lack of staff availability, responsiveness, and respect are recognized as barriers to health and mental health services (e.g., Applewhite, 1997; Bhui, Shanahan, Harding et al., 2006).

The initial phases of this research project suggest that Moore Place has succeeded in maintaining a high housing stability rate with a clinically and socially vulnerable population while reducing inappropriate service utilization in hospitals and jails. The final phase of this research project will continue to document the housing stability of Moore Place tenants, any clinical or social changes that may be further associated with the program, and the utilization of community services in tenants second year of residency.