

Moore Place Permanent Supportive Housing Evaluation Study Final Report

M. LORI THOMAS, PHD

Associate Professor, School of Social Work
College of Health and Human Services
University of North Carolina at Charlotte

MARY ANN PRIESTER, MSW

PhD Student, College of Social Work
University of South Carolina

JEFFREY K. SHEARS, PHD

Professor of Social Work, Department of Social Work
University of North Carolina at Greensboro/North Carolina A&T University

MELANNIE CLAPSADL PATE, MS

PhD Candidate, Health Services Research
College of Health & Human Services
University of North Carolina at Charlotte

SUPPORT FOR THIS PROJECT WAS PROVIDED BY:

Urban Ministry Center through a partnership with Carolinas HealthCare Foundation and The Duke Endowment

University of North Carolina at Charlotte College of Health and Human Services and The School of Social Work

[Page Intentionally Blank]

ACKNOWLEDGEMENTS

Moore Place Tenants & Staff

Liz Clasen-Kelly, MPP
Associate Director, Urban Ministry Center

Data Collection Volunteers:

Angela Breeden
Jane Burts
Christie Eades
Susan Hamilton

Mary Beth Hollett
Kathy Izard
Connell Pinckney
Enrique Sanchez

Reviewers:

Suzanne Boyd, PhD
Associate Professor, School of Social Work
College of Health and Human Services
University of North Carolina at Charlotte

Ashley Williams Clark, MS
Data & Research Coordinator, Institute for Social Capital
University of North Carolina at Charlotte

Jim Dudley, PhD
Professor Emeritus, School of Social Work
College of Health and Human Services
University of North Carolina at Charlotte

Tom Ludden, PhD
Research Scientist, Dickson Advanced Analytics (DA²)
Carolinas Healthcare System

Susan McCarter, PhD
Associate Professor, School of Social Work
College of Health and Human Services
University of North Carolina at Charlotte

Laneshia McCord, PhD
Assistant Professor, School of Social Work
College of Health and Human Services
University of North Carolina at Charlotte

[Page Intentionally Blank]

MOORE PLACE PERMANENT SUPPORTIVE HOUSING EVALUATION STUDY

APRIL 28, 2015

Moore Place, a HousingWorks program of the Urban Ministry Center in Charlotte, North Carolina opened in January 2012 and houses 85 former chronically homeless adults. Moore Place is a permanent supportive housing (PSH) facility and is the first such facility in the Charlotte area to operate as a *housing first* model. Housing first programs emphasize housing as a first step in service delivery; have low threshold admissions policies with minimal eligibility criteria; use a harm reduction approach to substance use; focus on eviction prevention; and have reduced service requirements that do not require service compliance or success in order for a tenant to qualify for or maintain housing. Moore Place provides *non* time-limited housing and comprehensive supportive services to individuals who have extensive histories of homelessness and at least one disabling condition (mental health and substance abuse disorders, chronic health disorders, physical disabilities, and developmental disabilities). As with other housing first PSH programs, Moore Place recognizes housing as the foundation necessary to effectively address tenant health and mental health disorders.

This report summarizes the activities and findings of the Moore Place Permanent Supportive Housing Evaluation Project (Evaluation Project), a two-year study led by Dr. Lori Thomas, Associate Professor in the School of Social Work and College of Health and Human Services at the University of North Carolina at Charlotte (UNC Charlotte) and supported by research team members at UNC Charlotte, the University of South Carolina College of Social Work, and the University of North Carolina at Greensboro/North Carolina A&T University School of Social Work. Key findings are as follows:

MOORE PLACE IMPROVES THE HOUSING STABILITY OF ITS TENANTS.

Moore Place effectively ends homelessness for the majority of its tenants. Of the 73 tenants who participated in baseline data collection, 70% (n=51) remained housed at Moore Place after two years. Of the 22 study participants no longer at Moore Place, four individuals died during their tenancy at Moore Place (the deceased residents were not included in housing stability calculations). Five tenants left for other permanent housing. Including these tenants, the housing stability rate among those who participated in the study was 81% (n=56). Tenants were homeless an average of seven years prior to moving into Moore Place and experienced periods of homelessness ranging up to 25 years. The Moore Place housing stability rate is consistent with other housing first permanent supportive housing models across the country.

81%

Housing stability rate

MOORE PLACE TENANT INCOME INCREASED SINCE ENTERING THE PROGRAM.

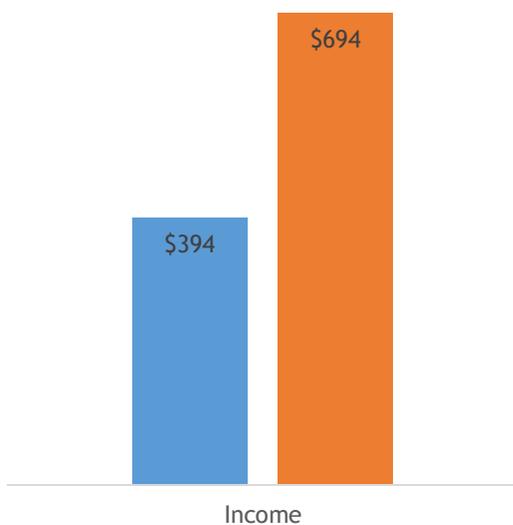


Figure 1: Increase in Average Income from Baseline to Year 2 (n=47)

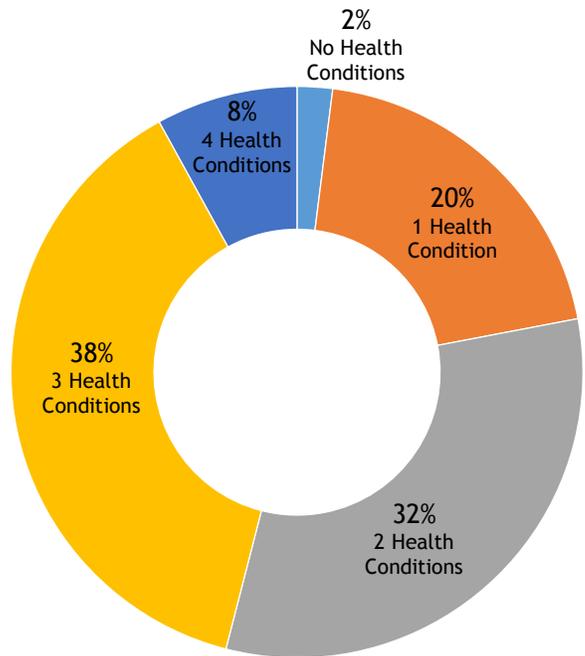
Average tenant income increased 76% from \$394 (SD=398) at baseline to \$694 (SD=445) at Year 2, a statistically significant difference ($p<.01$). Supplemental Security Income (SSI) was the key form of benefit income that increased between the baseline and Year 2 data collection points. In North Carolina, SSI recipients are automatically eligible for Medicaid, providing an important health care resource for a population with numerous health challenges. At Year 2, 72% (n=34) of participating tenants received Medicaid, an increase from 36% (n=17) 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.

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 more than 75% (n=36) 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). In addition, the majority of study participants (37, 79%) experienced two or more disabling health-related conditions including physical disability, chronic physical health conditions, mental health disorders, and substance use disorders. See Figure 2. Finally, over a third 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.

More than **75%** of Moore Place tenants are 50 years old or older.

Figure 2: Number of Disabling Health Conditions (n=47)



REFLECTING THIS VULNERABILITY, TENANTS CONTINUE TO FACE HEALTH AND MENTAL HEALTH CHALLENGES.

After two years, most measures examining tenant health and mental health suggest no statistically significant improvements. Tenant perceptions of their own health and mental health, which are worse than those of the general population, further underscore vulnerability. These findings are not surprising considering that Moore Place tenants face multiple health-related disabling conditions. The findings affirm the importance of the housing first, permanent supportive housing service model that provides ongoing 24/7 support to tenants through an interdisciplinary clinical team.

DESPITE HEALTH AND MENTAL HEALTH VULNERABILITIES, MOORE PLACE TENANT USE OF EMERGENCY-RELATED HOSPITAL SERVICES DECREASED SUBSTANTIALLY.

In the two years after moving into Moore Place, tenants visited the emergency room of Carolinas HealthCare Systems and Novant Health 648 fewer times (an 81% reduction) and were hospitalized 292 fewer days (a 62% reduction) than during the two years before they moved in. The total amount billed was more than \$2.4 million less in the two years after tenants moved to Moore Place than it was the two years before (a 68% reduction). The average number of emergency room visits decreased from 16 (SD=39) to 3 (SD=5) visits, the length of hospitalizations resulting from an ER visit decreased from 9 (SD=18) to 4 (SD=12) days. See Figure 3. The average bill amount per tenant decreased from \$71,040 (SD=127,922) to \$22,530 (SD=35,647). All decreases were statistically significant ($p < .05$). See Figure 4. Although hospital billing data may not be an accurate reflection of the actual costs of providing care¹, the reduction in ER visits and the length of resulting hospitalizations suggests meaningful reductions in associated costs.

¹Actual costs are typically less than the charges reflected in hospital billing data. Hospital billing data, however, do not include additional amounts from physicians who bill for professional services separately.

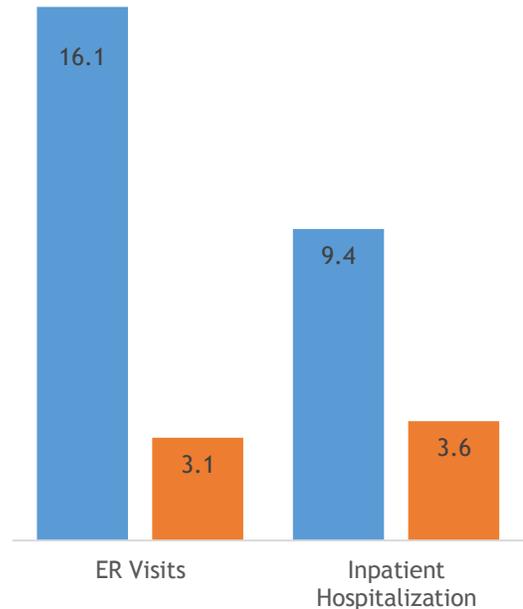


Figure 3: Average ER-Related Hospital Utilization 2 Years Pre/Post (n=50)

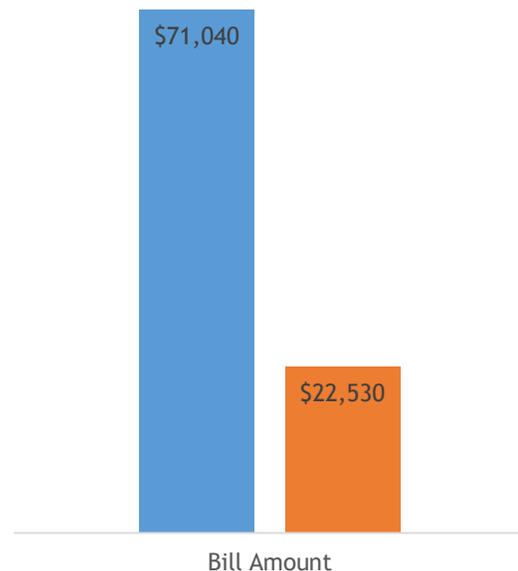


Figure 4: Average ER-Related Hospital Utilization Bill Amount 2 Years Pre/Post (n=50)

MOORE PLACE TENANT USE OF MECKLENBURG COUNTY MEDIC SERVICES ALSO DECREASED.

Ambulance calls and transports through Medic (also known as Mecklenburg EMS Agency) also decreased in the two years after tenants were housed at Moore Place. Emergency medical personnel responded to 312 fewer calls (a 76% reduction) and made 304 fewer transports (a 76% reduction) in the two years after tenants moved into Moore Place than they did in the two years before. The average number of calls made by study participants fell from 9 (SD=23) to 2 (SD=4) and transports fell from 8 (SD=23) to 2 (SD=4). Both changes were statistically significant ($p < .05$). See Figure 5. The average bill for tenant Medic utilization also decreased ($p < .05$). See Figure 6.

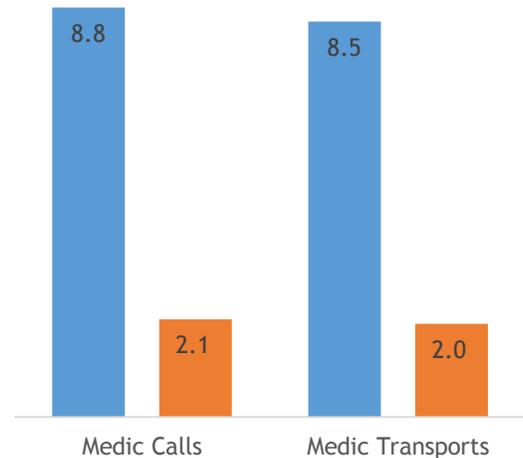


Figure 5: Average Medic Utilization 2 Years Pre/Post (n=47)

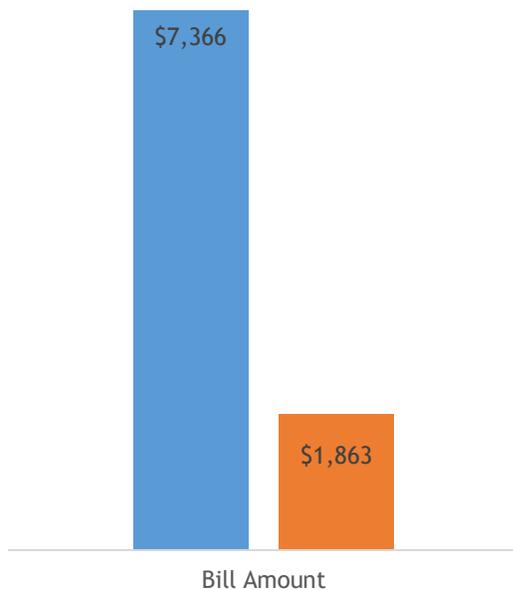


Figure 6: Average Medic Bill Amount 2 Years Pre/Post (n=47)

After moving into Moore Place, tenants' utilization of emergency health services decreased between **62%** and **81%**.

MOORE PLACE TENANTS HAVE REPLACED EMERGENCY SERVICES UTILIZATION WITH MORE APPROPRIATE – AND LESS EXPENSIVE – HEALTH UTILIZATION BEHAVIORS.

Upon entry into Moore Place, the interdisciplinary services team works with tenants who do not have a medical home to establish one and begin to address the effects of poor health that accumulated while homeless. Instead of ER visits, tenants begin to address their health challenges through primary care, planned procedures, and appointments with psychiatrists or other mental health providers. In the two years following their move into Moore Place, participants used Carolinas HealthCare System² outpatient services 207 more times (a 53% increase) than they did in the two years prior to Moore Place. Average utilization of outpatient services rose from 7.8 (SD=11.9) visits per person to 11.9 (SD=8.4) visits per person, a statistically significant increase ($p < .01$). See Figure 7. However, when the differences in average CHS utilization were compared across three time periods (1 Year Before, 1 Year After, 2 Years After) outpatient visits decreased during tenants' second year in Moore Place. The change was approaching statistical significance suggesting a possible trend in the reduction of outpatient utilization, $t=1.80$ (50) $p=.078$. Figure 8 depicts average ER visits and outpatient visits at CHS over three time periods. Outpatient utilization may decline as tenants begin to proactively address health concerns.

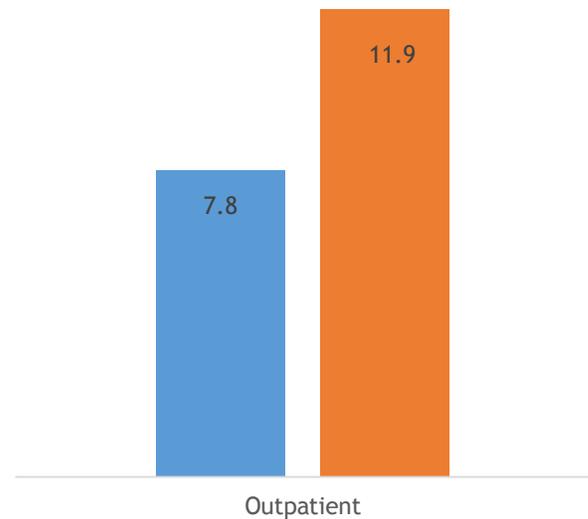


Figure 7: Average Outpatient Utilization 2 Years Pre/Post (n=50)

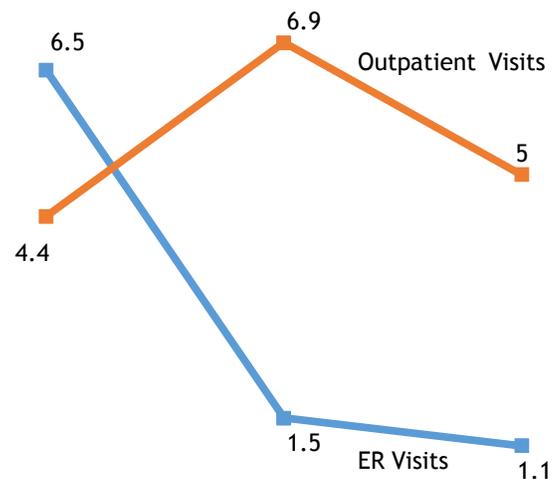


Figure 8: Average CHS ER & Outpatient Utilization across Time (n=50)

²Because the majority of Moore Place tenants established medical homes through a partnership with CHS, the outpatient analyses did not include other providers, such as Novant Health or the Veterans Administration.

ARRESTS AND JAIL STAYS DECREASED DURING TENANTS' FIRST TWO YEARS 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 two years preceding (n=21) or following (n=10) their move to Moore Place, there were 90 fewer arrests (an 82% reduction) and 1,050 fewer nights in jail (an 89% reduction). The decrease in the average number of arrests and jail stays was statistically significant ($p < .05$ and $p < .01$, respectively). See Figure 9.



“Staff treat me like a person. They help you if you want it.”

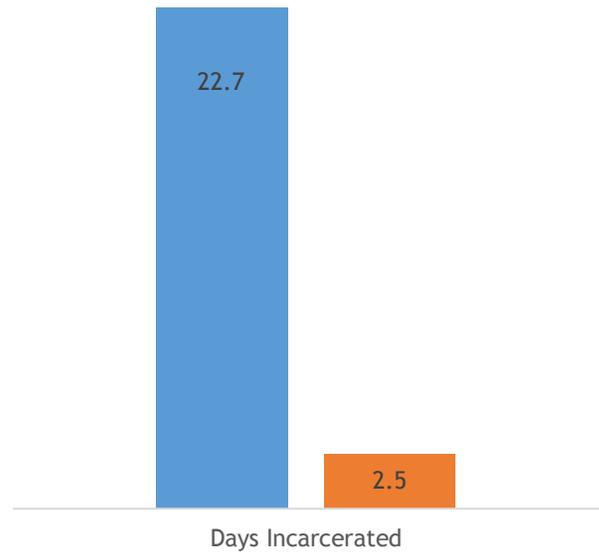


Figure 9: Average Incarceration Days 2 Years Pre/Post (n=52)

MOORE PLACE TENANTS INDICATE THAT STAFF MEMBERS ARE A KEY STRENGTH OF THE PROGRAM.

When asked at the end of Year 2 data collection, “What does Moore Place do well?” the majority of Moore Place tenants listed the staff. As one tenant noted, “Staff treat me like a person. They help you if you want it.” Another tenant noted that staff members “are efficient in what they do. And they love and care for residents.” Homeless persons’ perceptions of the lack of staff availability, responsiveness, and respect are recognized as barriers to health and mental health services. Moore Place tenants describe staff as a strength of the program rather than as a barrier to meeting their needs.

The Moore Place Permanent Supportive Housing Evaluation Project suggests that Moore Place has succeeded in maintaining a high housing stability rate with a clinically and socially vulnerable population. In addition, the program has helped transform its tenants' use of community resources, reducing arrests, jail stays, and the utilization of emergency health services. Despite the myriad of health challenges the tenants of Moore Place face, the use of emergency departments and ambulance services has shifted notably toward more appropriate - and less expensive - use of primary health care. The persistence of negative health and mental health perceptions among tenants further suggests the importance of *permanent* and *supportive* in programs like Moore Place. As tenants marshal their strengths to cope with the cumulative physical and mental impact of life histories of poverty and homelessness, significant improvements in underlying conditions may take longer to realize. The reality that their housing remains and that the services they need are readily available offers both tenants and the community assurance that there is time, space, and support to effectively address the challenges and lingering effects of chronic homelessness.

