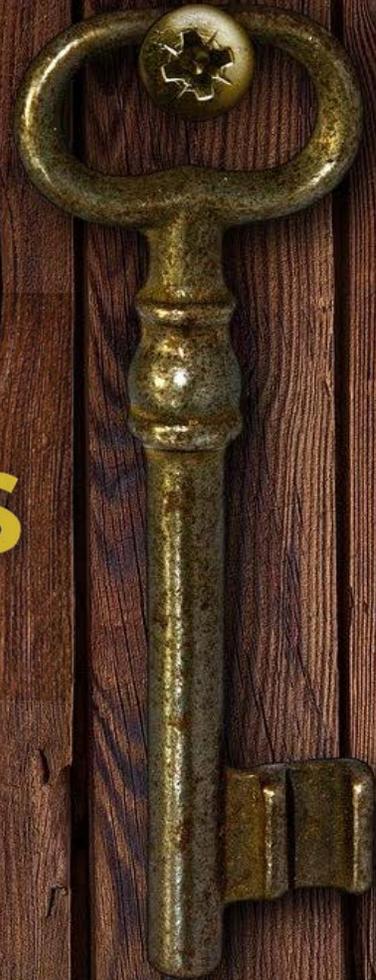


SINGLE ADULT HOMELESSNESS

INTEGRATED DATA REPORT

Released December 2020



PREPARED BY

UNC CHARLOTTE URBAN INSTITUTE



FUNDING PROVIDED BY

**MECKLENBURG COUNTY COMMUNITY
SUPPORT SERVICES**



ABOUT

The 2020 Housing Instability & Homelessness Report Series is a collection of reports that utilizes local data to provide informative and actionable research to engage a variety of stakeholders including elected officials, policy-makers, funders, service providers, people with lived experience, media outlets, and the general community. There are two annual reports in the series: the Charlotte-Mecklenburg State of Housing Instability & Homelessness Report and the Integrated Data Report.

The annual Integrated Data Report analyzes and integrates data from multiple data sources housed within the UNC Charlotte Institute for Social Capital Integrated Data System, including from the Homeless Management Information System (HMIS). The goal of the Integrated Data Report is to link and contextualize disparate information sources to explore the problem of housing instability and/or homelessness through a unique lens. The 2020 Integrated Data Report focuses on single adult homelessness.

Other reports in this series, including reports on family homelessness and child & youth homelessness, can be found at <https://mecklenburghousingdata.org/>.

Funding provided by
Mecklenburg County Community
Support Services.

AUTHORS

Bridget E. Anderson, UNC Charlotte Urban Institute

Sarah Sailer, UNC Charlotte School of Social Work

CONTRIBUTORS

Justin T. Lane, David Hill, and Bhav Sardona, UNC Charlotte Urban Institute, Institute for Social Capital

Liz Clasen-Kelly, Roof Above

Colin Pinkney, The Harvest Center

UNC Charlotte School of Social Work Field Education Office

Data and Research Oversight Committee (DAROC), Institute for Social Capital

REVIEWERS

Liz Clasen-Kelly, Roof Above

Carol Hardison, Crisis Assistance Ministry

Courtney LaCaria, Mecklenburg County Community Support Services

Stacy Lowry, Mecklenburg County Community Support Services

Colin Pinkney, The Harvest Center

Mary Ann Priester, Mecklenburg County Community Support Services

Lori Thomas, UNC Charlotte Urban Institute

CONTENTS

INTRODUCTION

Executive Summary | 4
Context | 5

POPULATIONS

Population Overview | 7
Youth (18 to 24) | 9
Adults (25 to 49) | 10
Older Adults (50 & Over) | 11
Chronic Homelessness | 13

SERVICES & SYSTEMS

Crisis Assistance Ministry | 16
Food and Nutrition Services | 19
Mecklenburg County Sheriff's Office | 21

CONNECTING THE DOTS

What does this mean for Charlotte-Mecklenburg? | 24

METHODS

Methodology | 26
Limitations | 27
Works Cited | 28

EXECUTIVE SUMMARY

Single adults comprise the largest share of all people who experience homelessness in communities across the United States, including Charlotte-Mecklenburg [See references 1-2, pg. 27]. As of July 2020, there were 1,779 known single adults actively experiencing homelessness in Charlotte-Mecklenburg. Most single adults experience homelessness as a single, brief episode that can last between a few days to several months. However, there is a small number of single adults who experience chronic homelessness, characterized by one or more episodes that, together, last a year or longer. The Single Adult Homelessness Integrated Data Report examines the population characteristics and service & system utilization patterns of over 11,000 single adults who experienced brief or chronic homelessness in Charlotte-Mecklenburg between January 2014 and December 2018. The key findings from this report include:

Most single adults experiencing homelessness are Black or African American (75%) and male (62%). Black or African American single adults, particularly Black men, experience a higher rate of homelessness when compared to other races and ethnicities in Charlotte-Mecklenburg.

More than one-third (38%) of single adults are 50 years or over. Older adults (age 50 or older) experience disabling conditions associated with aging at younger ages than housed older adults who live in permanent housing; and have lower life expectancies than the general population.[3-4] Nearly two-thirds (64%) of older adults experiencing homelessness reported having a disabling condition.

Most single adults have a disabling condition. Fifty-four percent of single adults experiencing homelessness reported a

disabling condition, compared with 10% of all adults in the general Mecklenburg County population. Disabling conditions were present among both single adults experiencing brief and chronic homeless episodes.

Housing instability and homelessness are linked. Twenty percent of single adults who had experienced homelessness during the study period used homelessness prevention services (rent and/or utility assistance) from Crisis Assistance Ministry either before or after their homeless episode. Black or African American, female, and single adults who had experienced chronic homelessness were most likely to use prevention assistance services.

Food and nutrition services help single adults experiencing homelessness meet daily basic needs. Sixty-three percent of single adults received at least one month's worth of grocery benefits through the Department of Social Services' Food and Nutrition Services program.

Criminal records can be a cause and consequence of homelessness. Criminal records can be used to keep some prospective renters who are currently homeless from being considered for a unit, thereby reducing the number of affordable housing options available to them and prolonging their experience of homelessness. At the same time, the experience of homelessness, itself, increase a person's risk of being arrested for crimes related to their homeless episode. Arrests related to homelessness, which are referred to as "Local Ordinance Arrests" in this report, include panhandling and urinating in public. Local Ordinance Arrests were most common among single adults who experienced chronic homelessness.

CONTEXT

Single adults account for the largest segment of the population experiencing homelessness. However, there has been limited attention and research focused on single adults. In order to paint a more complete picture of homelessness, this report focuses on single adults who experienced homelessness in sheltered (emergency shelter or transitional housing) or unsheltered locations (such as on the street or in an encampment) in Charlotte-Mecklenburg between January 2014 and December 2018. Prior to, or following an episode(s) of homelessness, single adults can experience short or prolonged periods of housing instability. Housing instability occurs when an individual has difficulty paying rent and/or mortgage; experiences frequent moves due to affordability reasons, or lives in an overcrowded or substandard apartment. Single adults who are stably housed can also experience homelessness after a sudden life event such as natural disaster or fleeing from domestic violence.

Individuals can move between housing instability, homelessness, and stable housing over the course of a year, or over their lifetime. There are services available to address the needs of individuals experiencing housing instability and homelessness. These include prevention services (such as rent and/or utility assistance), homelessness services (such as shelter), and permanent housing services (such as permanent housing subsidies).

Causes

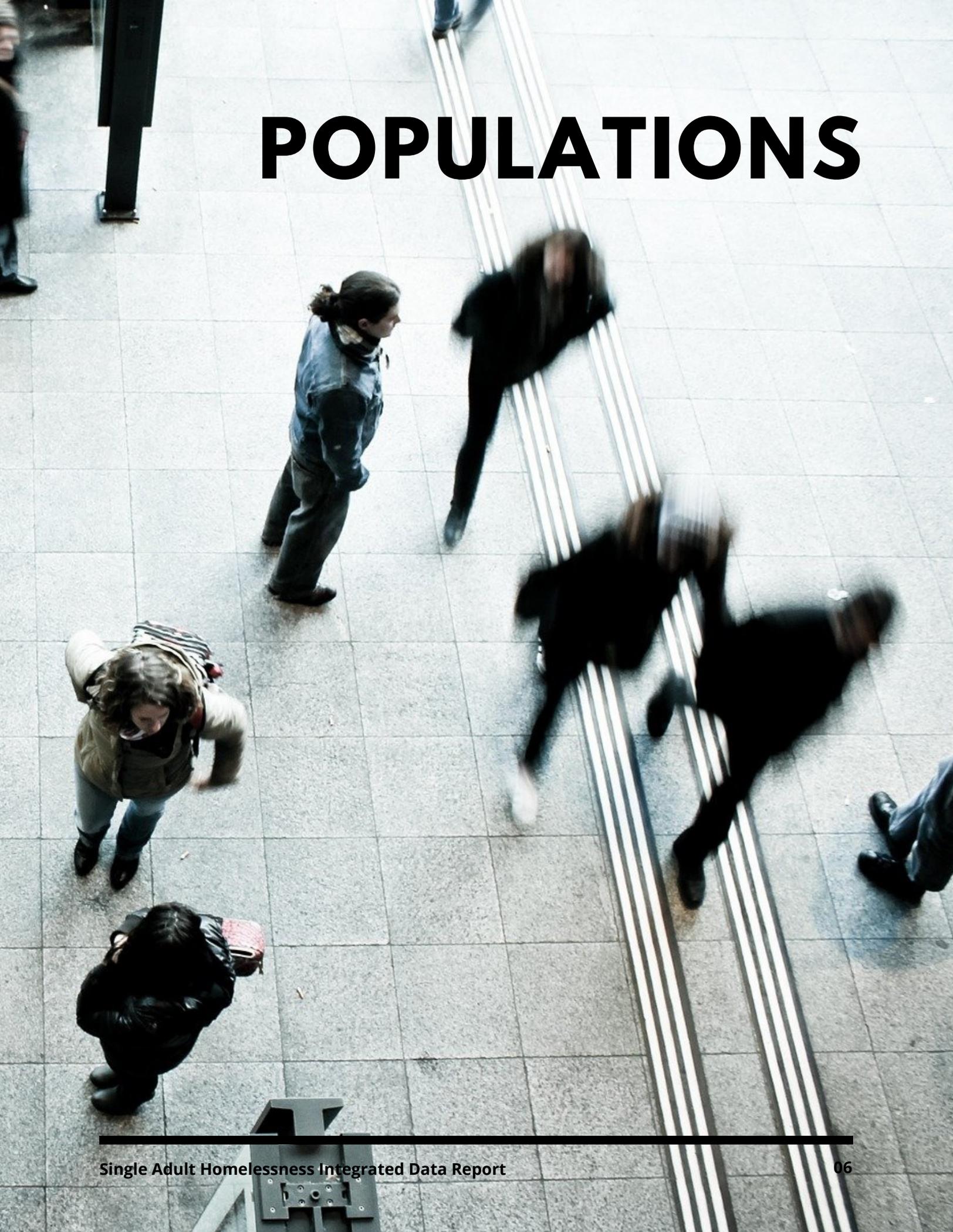
In order to understand the challenges across the housing and homelessness continuum, it is important to recognize the systemic and structural factors that have shaped it over time. A more detailed description of the causes of housing instability and homelessness can be found in the [2020 Charlotte-Mecklenburg State of Housing Instability & Homelessness Report](#).

Structural & Systemic Racism. Black or African Americans and Native Americans are overrepresented among households who experience housing instability and homelessness.[5-6] Discriminatory policies and practices in employment, wealth, housing, and the criminal justice system have resulted in racial exclusion and inequality.[7] In the United States, White households have ten times the amount of wealth as Black or African American households, and seven times the amount of wealth as Latinx households.[8]

The Rent to Income Gap for Low-Income Renters. Median rent in Mecklenburg County has increased by 22% since 2010, while low-income job wage growth has not kept pace. Minimum wage has remained at \$7.25 per hour since 2009. Nearly half (42%) of Charlotte-Mecklenburg employees earn less than \$15 per hour. By comparison, an employee would need to earn approximately \$18 per hour in order to afford a safe, decent one-bedroom apartment in Charlotte-Mecklenburg. When there is a gap between what an individual can afford and the cost of housing, housing instability occurs.

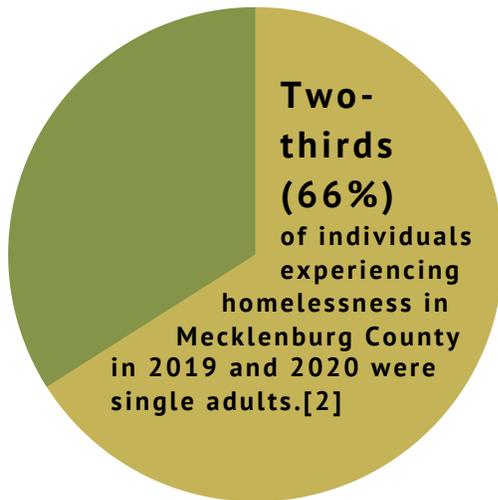
Lack of Permanent, Affordable Housing. Charlotte-Mecklenburg lost approximately half of its stock of low-cost rental housing between 2010 and 2018. In 2010, 51% of units were considered low-cost. By 2018, the share of low-cost units (units renting for less than \$800 per month in 2018) had decreased to 26%. This loss of low-cost rental housing may be attributed to multiple reasons, including the loss of naturally occurring affordable housing (NOAH) or an effect of rising land prices. More than 23,000 households earning below 30% of the Area Median Income (which equates to less than \$18,000 per year for a single individual) lacked access to permanent, affordable housing in 2018.

POPULATIONS



POPULATION OVERVIEW

Single adults comprise the largest share of all people who experience homelessness in communities across the United States, including Charlotte-Mecklenburg.[1-2]



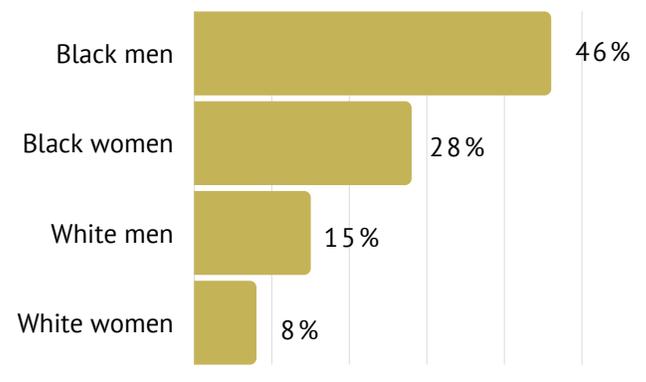
There were 11,061 single adults who experienced homelessness in Mecklenburg County between January 2014 and December 2018. Most (84%) single adults experienced homelessness as a brief episode, which lasted between a few days to several months. In contrast, 16% of single adults experienced a chronic homeless episode(s) during the study period, spending 12 months or longer in a homeless situation. Most (62%) of single adults were male, while 37% were female and less than 1% were transgender or non-binary.

The number of older adults experiencing homelessness is increasing across the United States.[9] In Charlotte-Mecklenburg, 38% of single adults who experienced homelessness during the study period were age 50 or older; the oldest was 90 years old. Older adults experiencing homelessness are at a high risk of experiencing specific health conditions when compared to the general population, and are more likely to experience disabling conditions associated

with aging at younger ages than older adults living in permanent housing.[3-4]

Most single adults (75%; 8,217) who experienced homelessness in Charlotte-Mecklenburg were Black or African American. As a point of comparison, Black or African Americans make up 31% of the population in Mecklenburg County. Black or African American men comprised nearly half (46%; 5,090) of the single adult population experiencing homelessness.

Race and gender of single adults who experienced homelessness



Most (54%) single adults experiencing homelessness have a disabling condition, which can include mental and/or physical conditions. White men (63%) and women (69%) experiencing homelessness were more likely to report a disabling condition than Black men (50%) and women (49%). The prevalence of disabling conditions is higher among the population experiencing homelessness than it is among the general population. An estimated 10% of Mecklenburg County adults have a disabling condition.

POPULATION OVERVIEW

SUMMARY DATA TABLE

Total population of single adults experiencing homelessness (2014-2018)

11,061

Age	# Single Adults Experiencing Homelessness (SAH)	% Single Adults Experiencing Homelessness (SAH)	% Mecklenburg County Over Age 18
18-24	1,034	9%	12%
25-49	5,802	52%	51%
50-64	3,841	35%	23%
65+	384	3%	14%
Gender	# SAH	% SAH	% Mecklenburg County
Male	6,884	62%	48%
Female	4,145	37%	52%
Transgender or non-binary	25	0.2%	N/A
Race	# SAH	% SAH	% Mecklenburg County
White	2,605	24%	55%
Black	8,217	75%	31%
Asian	44	0.4%	6%
American Indian or Alaska Native	113	1%	0.4%
Other	30	0.3%	
Hispanic or Latinx Ethnicity	# SAH	% SAH	% Mecklenburg County
Yes	330	3%	13%
No	10,619	97%	87%
Disabling Condition*	# SAH	% SAH	% Mecklenburg County Over age 18
Yes	5,574	54%	10%
No	4,843	46%	90%
Chronic Homelessness Status	# SAH	% SAH	% Mecklenburg County
Yes	1,753	16%	N/A
No	9,308	84%	N/A

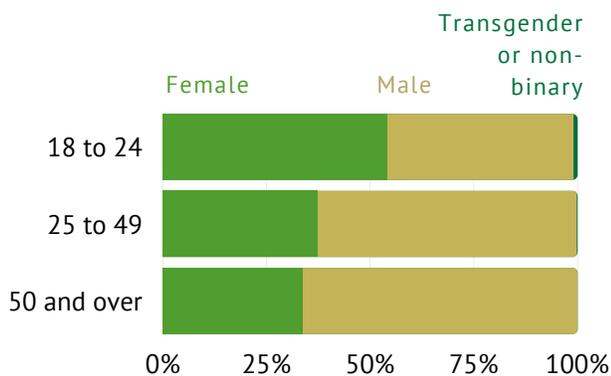
*The definition of disabling condition varies by data source. Single adults are considered to have a disabling condition if they a) have a physical, mental or emotional impairment (including substance use disorder) that is long term in nature and impacts the individual's ability to live independently b) have a developmental disability; or c) have contracted HIV or AIDS. *Data source: HMIS*

Individuals identified as having a disabling condition in the Mecklenburg County population estimate must have one or more of the following conditions: visual impairment, hearing impairment, cognitive impairment (such as serious difficulty concentrating, remembering, or making decisions), physical impairment (such as serious difficulty walking or climbing stairs), self-care disability (such as difficulty dressing or bathing), or inability to live independently. *Data source: U.S. Census American Community Survey 2018 5-year estimate.*

YOUTH (AGES 18 TO 24)

Youth (ages 18 to 24) account for 9% (1,034) of the population of single adults who experienced homelessness in Charlotte-Mecklenburg between 2014 and 2018. The causes of youth homelessness are often different than that of older adult populations. Family conflict and/or abuse as well as family dynamics are leading causes of unaccompanied youth homelessness.[10] In Charlotte-Mecklenburg, 44% of youth interviewed for the 2020 Point In Time Count left or were forced from home due to a family conflict.[2] Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are overrepresented among youth experiencing homelessness in the United States, which may be due to family conflict that results from disclosure or discovery of their LGBTQ status.[11] By comparison, insufficient income and/or lack of permanent, affordable housing are primary causes of homelessness among the overall population experiencing homelessness.[12] This study found that a larger share of youth was female (54%) and transgender or non-binary (1%) compared with the gender identity of older single adults experiencing homelessness in Charlotte-Mecklenburg.

Gender identity of single adults experiencing homelessness, by age



Latinx individuals are generally underrepresented among single adults experiencing homelessness. Most Latinx individuals are younger compared to other groups. Six percent of youth identified as Latinx, compared to 3% of adults age 25 to 49, and 2% of adults age 50 and over.

Thirty-three percent of homeless youth reported having a disabling condition. White youth (53%; 96) were significantly more likely to report a disabling condition than Black or African American youth (28%; 217); and transgender or non-binary youth (60%; 6) were more likely to report a disabling condition than youth who identify as male (36%; 154) or female (30%; 161).

Service Utilization

Most (63%) youth who had experienced homelessness during the study period also received Food and Nutrition Services (FNS) from the Mecklenburg County Department of Social Services (DSS). However, youth interviews conducted by Bowen & Irish (2018) in a New York-based study suggest that youth may have unique barriers to accessing FNS benefits.[13] For example, youth can be listed on their parents' applications until they turn 21. This can prevent youth who leave home and no longer have access to a family account from receiving their FNS benefit. Some youth also report barriers to applying for benefits under a new account because they are already listed on their parents' account.

Fewer youth utilized homelessness prevention assistance provided by Crisis Assistance Ministry compared to older age groups. Twelve percent of youth used rent and/or utility assistance and 31% used the Free Store and/or Furniture Bank.

ADULTS (AGES 25 TO 49)

Most (52%; 5,802) single adults who experienced homelessness in Charlotte-Mecklenburg were ages 25 to 49.

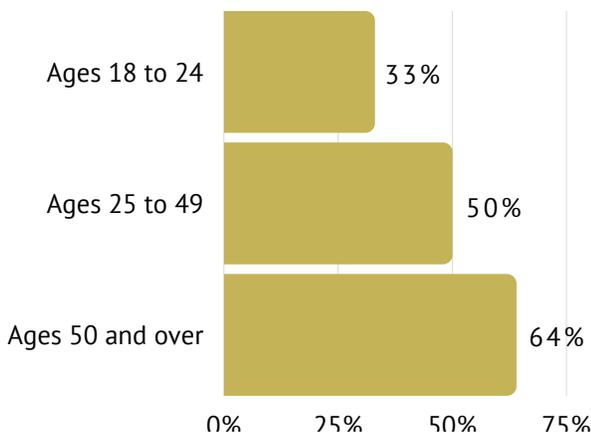
Half (50%) of single adults ages 25 to 49 reported having a disabling condition. People experiencing homelessness are more likely to have mental health conditions and have a higher prevalence of traumatic childhood experiences than the general population.[14-15] Childhood trauma, often referred to in the literature as adverse childhood experiences (ACE), includes experiences such as abuse, neglect, and household dysfunction; and is linked to increased odds of developing mental health conditions, substance abuse, and chronic health conditions in adulthood.[16]

Service Utilization

Eighteen percent of adults ages 25 to 49 used rent and/or utility assistance from Crisis Assistance Ministry before and/or after their homeless episode(s); the average rent and/or utility assistance recipient received assistance three times.

Sixty-three percent of single adults ages 25 to 49 received Food and Nutrition Services.

Single adults who report a disabling condition, by age



Most (62%) of single adults ages 25 to 49 were men. Seventy four percent identified as Black or African American, while 24% identified as White; 1% identified as American Indian or Alaskan Native.

Fifteen percent of single adults between ages 25 and 49 experienced chronic homelessness during the study period.

OLDER ADULTS (50 & OVER)

The number of older, single adults (age 50 or older) experiencing homelessness is increasing in communities across the United States.[9] In Charlotte-Mecklenburg, 38% (4,225) of single adults who experienced homelessness were at least 50 years old. The median age of older, single adults was 56 years.

Research shows that single adults who experience homelessness have shorter life expectancies than adults living in permanent housing; and experience health conditions associated with aging at younger ages than the general population.[3] In a study of older adults experiencing homelessness, Brown and colleagues (2017) found that adults age 50 and over (median age of 58) experienced geriatric health conditions such as cognitive impairment, depression, and visual impairment at similar rates to housed adults in or near their 80s. [4] In this study, 64% of older, single adults had a disabling condition and 20% experienced chronic homelessness.

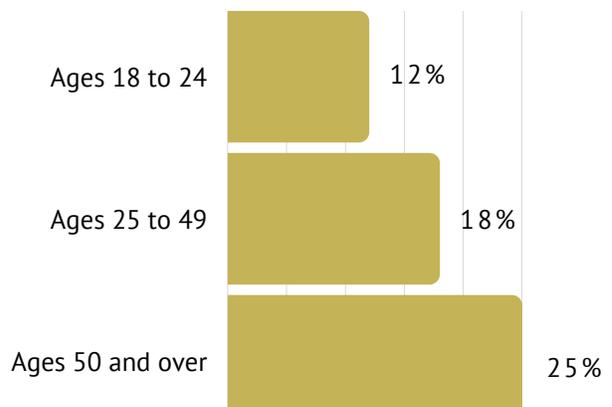


Sixty-six percent of older, single adults experiencing homelessness were men; 74% were Black or African American.

Service Utilization

Older, single adults who experienced homelessness during the study period used Crisis Assistance Ministry services more frequently than younger age groups. Rent assistance, utility assistance, and the Furniture Bank were services that were used by single adults in the study population either before or after a homeless episode. One quarter (25%) of older, single adults used rent and/or utility assistance, compared to 18% of single adults ages 25 to 49, and 12% of youth between the ages of 18 and 24.

Single adults who used rent and/or utility assistance, by age



Sixty-five percent of older, single adults (50 years and older) received Food and Nutrition Services (FNS). However, additional analysis of FNS services revealed lower FNS utilization among single adults ages 65 and over (51% utilized).

POPULATION BY AGE

SUMMARY DATA TABLE

		18 to 24 years		25 to 49 years		50 years and over	
		#	%	#	%	#	%
Gender	Male	467	45%	3,623	62%	2,794	66%
	Female	556	54%	2,163	37%	1,426	34%
	Transgender or non-binary	10	1%	12	0.2%	<5	
Race	White	198	19%	1,381	24%	1,026	24%
	Black	808	79%	4,287	74%	3,122	74%
	American Indian or Alaska Native	10	1%	64	1%	39	1%
	Other	9	1%	42	1%	23	1%
Hispanic or Latinx Ethnicity	Yes	58	6%	191	3%	81	2%
	No	962	94%	5,554	97%	4,103	98%
Disabling Condition	Yes	321	33%	2,719	50%	2,534	64%
	No	653	67%	2,736	50%	1,454	36%
Chronic Homelessness Status	Yes	48	5%	864	15%	841	20%
	No	986	95%	4,938	85%	3,384	80%

CHRONIC HOMELESSNESS

There were 1,753 single adults who experienced chronic homelessness between January 2014 and December 2018. The definition of chronic homelessness, defined by the U.S. Department of Housing and Urban Development (HUD), has changed over time, most recently in 2016. In the new and current definition, HUD clarified the ways in which service providers should verify whether an individual's homelessness experience meets the definition of chronic homelessness. Additionally, guidelines on time periods that constitute an episode of homelessness (i.e. seven consecutive days is one period) and how length of time in institutional care facilities factored into episodes. This updated and current definition HUD defines length of homelessness as 4 episodes that equal at least 12 months over the past 3 years. In both definitions, individuals must have a documented disabling condition in addition to the qualifying length of homelessness. Limitations related to the study definition of chronic homelessness are found on page 27.

The Charlotte-Mecklenburg Continuum of Care (CoC) prioritizes permanent supportive housing units for individuals and households who experience chronic homelessness. Permanent supportive housing (PSH) is a long-term rental subsidy (3 or more years) designed to provide housing and supportive services to assist homeless households.

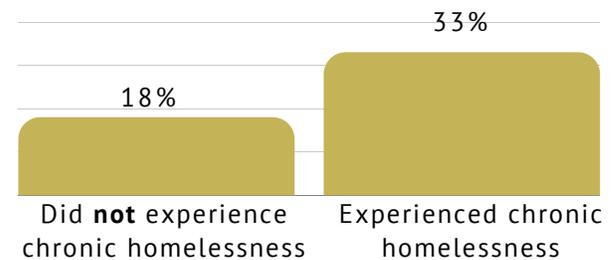
Compared with other single adults experiencing homelessness, single adults experiencing chronic homelessness were more likely to be male (77%) and older (48% were 50 years or older). The median age of single adults experiencing chronic homelessness was 49, compared to 44 years among all other single adults experiencing homelessness. Most (72%) single adults experiencing chronic homelessness were Black or African American; this is similar to the composition of all other single adults experiencing homelessness in which 75% are Black or African American.

Of the single adults who were not identified in the 5-year period of this report as meeting a definition of chronic homelessness, 47% reported a disabling condition. This indicates the pervasive health issues of the entire population of single adult individuals experiencing homelessness whether or not they meet a federal definition for chronic homelessness.

Service Utilization

Thirty-three percent of single adults who experienced chronic homelessness accessed rent and/or utility assistance from Crisis Assistance Ministry either before or after their homeless episode. By comparison, 18% of single adults who did not experience chronic homelessness accessed this assistance. Forty-five percent (130) of Black or African American women who experienced chronic homelessness utilized rent and/or utility assistance; this cohort used more rent and/or utility assistance than any other race and gender group.

Single adults who used rent and/or utility assistance, by chronic homelessness status



Single adults who experienced chronic homelessness were also more likely to utilize Food and Nutrition Services (FNS). Seventy-five percent of single adults who experienced chronic homelessness accessed FNS benefits compared with 62% of single adults who did not experience chronic homelessness. The highest FNS utilization among single adults experiencing chronic homelessness was among Black or African American women (82%; 238); the lowest FNS utilization was among White men (67%; 243).

CHRONIC HOMELESSNESS

SUMMARY DATA TABLE*

		Single adults NOT Experiencing Chronic Homelessness		Single Adults Experiencing Chronic Homelessness	
		#	%	#	%
Age	18 to 24 years	986	11%	48	3%
	25 to 49 years	4,938	53%	864	49%
	50 years and over	3,384	36%	841	48%
Gender	Male	5,540	60%	1,344	77%
	Female	3,742	40%	403	23%
	Transgender or non-binary	19	0.2%	6	0.3%
Race	White	2,137	23%	468	27%
	Black	6,959	75%	1,258	72%
	American Indian or Alaska Native	96	1%	17	1%
	Other	69	1%	5	0%
Hispanic or Latinx Ethnicity	Yes	293	3%	37	2%
	No	8,911	97%	1,708	98%

*The definition of chronic homelessness, defined by the U.S. Department of Housing and Urban Development (HUD), has changed over time, most recently in 2016. In the new and current definition, HUD clarified the ways in which service providers should verify whether an individual's homelessness experience meets the definition of chronic homelessness. Additionally, guidelines on time periods that constitute an episode of homelessness (i.e. seven consecutive days is one period) and how length of time in institutional care facilities factored into episodes. This updated and current definition HUD defines length of homelessness as 4 episodes that equal at least 12 months over the past 3 years. In both definitions, individuals must have a documented disabling condition in addition to the qualifying length of homelessness. Limitations related to the study definition of chronic homelessness are found on page 27.

SERVICES & SYSTEMS



CRISIS ASSISTANCE MINISTRY



Crisis Assistance Ministry is a local nonprofit organization that provides emergency rent and utility assistance, coupled with financial coaching and counseling to prevent homelessness. Crisis Assistance Ministry also assists with basic needs - clothing, household goods, furniture, and appliances - which can be utilized before, during, or after a homeless episode.

The Free Store was the Crisis Assistance Ministry service most utilized by single adults who experienced homelessness. Crisis Assistance Ministry allows any household in Charlotte-Mecklenburg to visit the Free Store one time each month in order to access free clothing, shoes, and other household goods. Forty percent of single adults who experienced homelessness used the Free Store at least once during the five-year study period. The average Free Store recipient visited the Free Store 4.8 times. A smaller proportion of single adults used rent assistance (15%); utility assistance (13%); or accessed furniture through the Furniture Bank (14%).

Women who experienced homelessness during the study period were more likely than men to utilize rent and/or utility

assistance before or after their homeless episode(s) (26% women; 17% men). Women were also more likely to return for assistance with rent and/or utilities. Of the single adults who used any rent or utility assistance, women used assistance an average of 3.4 times, while men used assistance an average of 2.6 times. Women were also more likely to utilize the Free Store and/or Furniture Bank.

Black or African American single adults who experienced homelessness during the study period were more likely to use all types of assistance provided by Crisis Assistance Ministry. Twenty-nine percent (915) of Black or African American women used rent and/or utility assistance before or after their homeless episode, compared with 18% (928) of Black or African American men, 13% (124) of White women, and 12% (195) of White men.

Most (87%; 1,912) single adults who used rent and/or utility assistance also received Food and Nutrition Services (FNS). The rate of FNS utilization was higher among rent and/or utility assistance recipients than the general population of single adults experiencing homelessness (64%; 7,066).

	Rent	Utilities	Free Store	Furniture Bank
% of single adults who used service	15%	13%	40%	14%
Average # of services used (for those who used at least once)	1.7	2.5	4.8	1.3

CRISIS ASSISTANCE MINISTRY

SUMMARY TABLE RENT AND UTILITY ASSISTANCE

		Population Total	Received Rent and/or Utility Assistance		
		#	#	%	Average Assistance Received*
Age	18 to 24 years	1,034	126	 12%	3.0
	25 to 49 years	5,802	1,035	 18%	3.0
	50 years and over	4,225	1,041	 25%	3.0
Gender	Male	6,884	1,140	 17%	2.6
	Female	4,145	1,057	 26%	3.4
	Transgender or non-binary	25	5	 20%	1.6
Race	Black	8,217	1,847	 22%	3.1
	White	2,605	320	 12%	2.3
	American Indian or Alaska Native	113	18	 16%	3.1
	Other	74	9	 12%	3.2
Hispanic or Latinx Ethnicity	Yes	330	44	 13%	3.0
	No	10,619	2,146	 20%	3.0
Disabling Condition	Yes	5,574	1,249	 22%	3.0
	No	4,843	893	 18%	3.0
Chronic Homelessness Status	Yes	1,753	574	 33%	2.8
	No	9,308	1,628	 17%	3.1

*Average rent and/or utility assistance received, for those who received at least one time

CRISIS ASSISTANCE MINISTRY

SUMMARY TABLE

FREE STORE AND FURNITURE BANK

		Population Total	Visited Free Store and/or Furniture Bank		
		#	#	%	Average Number of Visits*
Age	18 to 24 years	1,034	317	 31%	3.2
	25 to 49 years	5,802	2,475	 43%	4.3
	50 years and over	4,225	2,062	 49%	5.6
Gender	Male	6,884	2,736	 40%	4.5
	Female	4,145	2,107	 51%	5.1
	Transgender or non-binary	25	9	 36%	2.3
Race	Black	8,217	3,832	 47%	5.1
	White	2,605	942	 36%	3.4
	American Indian or Alaska Native	113	48	 42%	4.2
	Other	74	20	 27%	3.4
Hispanic or Latinx	Yes	330	132	 40%	3.6
Ethnicity	No	10,619	4,695	 44%	4.8
Disabling Condition	Yes	5,574	2,720	 49%	5.1
	No	4,843	2,021	 42%	4.4
Chronic Homelessness Status	Yes	1,753	1,015	 58%	7.0
	No	9,308	3,839	 41%	4.2

*Average number of Free Store and/or Furniture Bank visits, for those who visited at least one time

FOOD AND NUTRITION SERVICES

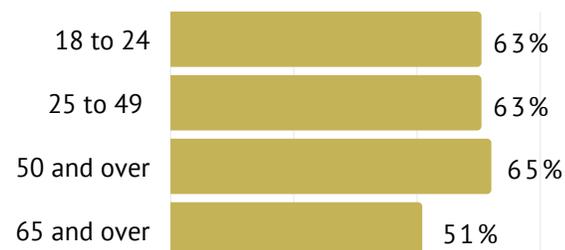


Food and Nutrition Services (FNS) is a federal program administered by Mecklenburg County Department of Social Services (DSS) to support low-income Households. FNS includes the Supplemental Nutrition Assistance Program (SNAP). During the study period from January 2014 to December 2018, the average North Carolina SNAP recipient received between \$103 and \$131 dollars per month.[17]

Most (64%; 7,066) single adults who experienced homelessness also received FNS benefits. However, research indicates that food insecurity and the need for food assistance is not uniform across homeless populations. Risk factors for food insecurity are associated with income level, mental and/or physical disability, and barriers to accessing and storing food [18-19].

FNS service utilization was consistent across the cohort of single adults under age 65. However, a smaller percentage (51%) of single adults 65 years and over were connected to FNS benefits than younger single adult cohorts.

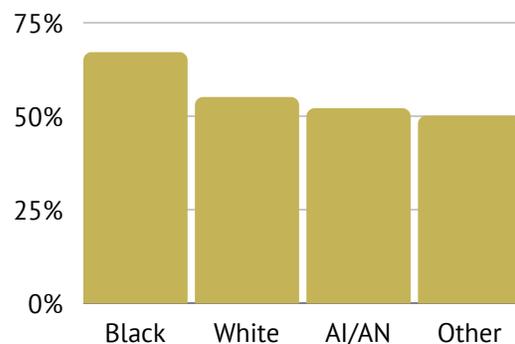
Single adults who received Food and Nutrition Services, by age



Seventy-five percent of single adults who experienced chronic homelessness utilized FNS benefits, compared to 62% of single adults who did not experience chronic homelessness.

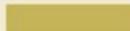
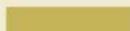
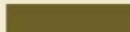
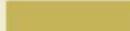
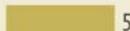
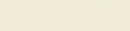
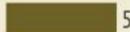
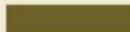
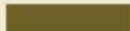
A larger share (67%) of Black or African American single adults utilized FNS, compared to White single adults (55%); and American Indian or Alaskan Native single adults (52%). Latinx single adults (53%) utilized FNS less often than non-Latinx single adults (64%); the majority of non-Latinx single adults are Black or African American.

Single adults who received Food and Nutrition Services, by race



FOOD AND NUTRITION SERVICES

SUMMARY TABLE

		Population Total	Received at Least 1 month of Food and Nutrition Services	
		#	#	%
Age	18 to 24 years	1,034	647	 63%
	25 to 49 years	5,802	3,665	 63%
	50 years and over	4,225	2,754	 65%
	65 years and over	384	194	 51%
Gender	Male	6,884	4,340	 63%
	Female	4,145	2,714	 65%
	Transgender or non-binary	25	10	 40%
Race	Black	8,217	5,509	 67%
	White	2,605	1,434	 55%
	American Indian or Alaska Native	113	59	 52%
	Other	74	37	 50%
Hispanic or Latinx Ethnicity	Yes	330	175	 53%
	No	10,619	6,840	 64%
Disabling Condition	Yes	5,574	3,825	 69%
	No	4,843	3,000	 62%
Chronic Homelessness Status	Yes	1,753	1,313	 75%
	No	9,308	5,753	 62%

MECKLENBURG COUNTY SHERIFF'S OFFICE



A criminal record can serve as both a cause and consequence of homelessness. Housing providers are not required to accept rental applications from individuals who have charges and/or convictions on their criminal records, which creates additional barriers to obtain permanent, affordable housing. The 2020 Point In Time Count survey asked households who were experiencing homelessness on one night in January to identify barriers to obtain housing. Of the households surveyed, 17% stated that having a criminal record was a barrier to finding permanent, affordable housing.[2]

Individuals who are actively homeless are also at a higher risk for being arrested for crimes related to their living situation. Crimes associated with homelessness include urinating in public and panhandling.

Twenty-seven percent (3,021) of single adults who experienced homelessness during the study period had been arrested at least once by the Mecklenburg County Sheriff's Office between January 2014 and December 2017. The study examined personal crimes (such as assault, resisting arrest); property crimes (such as breaking and entering and prostitution); drug offenses; and Local Ordinance Arrests (LOA). LOAs are generally classified as less serious offenses that relate to the quality of public life; these include crimes related to homelessness.

Seventeen percent (1,903) of single adults who experienced homelessness had a LOA arrest record.

Local Ordinance Arrests include:

- Panhandling
- Trespassing
- Alcohol-related offenses
- Public urination
- Profane language usage
- Probation violation
- Disorderly conduct
- Unauthorized use of a motor vehicle

Single adults who had experienced chronic homelessness were more likely to have a LOA record than single adults who did not experience chronic homelessness. Thirty-two percent of single adults who had experienced chronic homelessness had a LOA arrest record, compared to 15% of single adults who did not experience chronic homelessness during the study period.

Local Ordinance Arrests, by chronic homelessness status



Rates of LOA records were similar across race but varied by gender. Among single adults, men (22%) were more than twice as likely to have a LOA as women (9%). Most single adults experiencing unsheltered homelessness are men.[2]

MECKLENBURG COUNTY SHERIFF'S OFFICE

SUMMARY TABLE

		Population Total		Had Local Ordinance Arrest		Average # of arrests*
		#	#	%		
Age	18 to 24 years	1,034	189	 18%		4.1
	25 to 49 years	5,802	1,146	 20%		4.0
	50 years and over	4,225	573	 14%		3.6
Gender	Male	6,884	1,538	 22%		4.0
	Female	4,145	368	 9%		3.3
	Transgender or non-binary	25	<5			1.5
Race	Black	8,217	1,432	 17%		3.8
	White	2,605	434	 17%		4.2
	American Indian or Alaska Native	113	22	 19%		4.4
	Other	74	9	 12%		1.8
Hispanic or Latinx Ethnicity	Yes	330	53	 16%		5.0
	No	10,619	1,838	 17%		3.9
Disabling Condition	Yes	5,574	1,128	 20%		4.2
	No	4,843	701	 14%		3.5
Chronic Homelessness Status	Yes	1,753	558	 32%		5.1
	No	9,308	1,350	 15%		3.4

*Average number of LOA arrests between January 2014 and December 2017, for those who were arrested at least one time.

CONNECTING THE DOTS



WHAT DOES THIS MEAN FOR CHARLOTTE-MECKLENBURG?

Single adults comprise the largest group of all individuals experiencing homelessness. Single adults, like other populations experiencing homelessness, face barriers to accessing permanent, affordable housing. These barriers, which are steeped in discriminatory systems and structures, are reflected in the overrepresentation of Black adults, and particularly Black men, in the population of single adults experiencing homelessness. Other systemic barriers include the increasing rent-to-income gap for low-income households and the shortage of low-cost housing options. In Charlotte-Mecklenburg, there is a shortfall of more than 23,000 permanent, affordable rental units needed for extremely low-income households.[2] Access to permanent, affordable housing is a primary driver of homelessness; therefore, efforts to address single adult homelessness should also tackle the challenges relating to preserving, rehabilitating, building, and improving access to affordable, permanent housing.

Single adults also face multiple barriers to accessing affordable housing inventory that is available. More than half (54%) of all single adults reported a disabling condition, such as a mental health or substance use disorder, or chronic physical disability, which can impact their ability to attain and maintain permanent, affordable housing without the assistance of supportive services. Criminal records are both a cause and consequence of homelessness: housing providers are not required to accept rental applications from individuals who have charges and/or convictions on a criminal record, which creates an additional barrier to obtaining housing. In addition, individuals who are actively homeless, especially when the homeless episode is considered chronic, are at higher risk for

being arrested for crimes related to their living situation. During the study period, 17% of single adults who experienced homelessness were arrested for a Local Ordinance Crimes, which includes crimes related to homelessness.

Finally, this report highlights the importance of other services that single adults rely on when they are at the brink of, or actively experiencing, homelessness. These services can provide temporary (rent and utility) or ongoing (food and nutrition) assistance to help cover the gap between what households can afford and the costs of daily, basic necessities (including housing). There are additional services beyond what was examined in this report such as food pantries and free health clinics that can shed light on how, if, and when single adults who have experienced homelessness utilize other gap-coverage services.

METHODS



METHODOLOGY

Integrated data is a term used to describe the way that individual-level data can be linked across different organizations and/or systems. Integrated data can be used to illuminate service gaps as well as highlight connections across disparate groups, organizations, and/or systems.

This analysis uses integrated data from UNC Charlotte Urban Institute's Institute for Social Capital (ISC) Integrated Data System to link four separate systems utilized by single adults experiencing homelessness before, during, or after their homeless episode.

The single adult population used in this analysis originated from the **Homeless Management Information System (HMIS)**. Single adults were included in this analysis if they experienced sheltered or unsheltered homelessness between January 2014 and December 2018. Single adults were considered to have experienced sheltered homelessness if they stayed at least one night in an emergency shelter (excluding domestic violence shelters) or transitional housing facility. Adults were considered to have experienced unsheltered homelessness if they had received Street Outreach services, which targets individuals in unsheltered living situations. By definition, single adults are adults who are not a part of a household with other adults or children.

Using this methodology, a study population of 11,061 single adults who had experienced homelessness was identified. To understand system and service utilization, individual-level records were integrated with data from Crisis Assistance Ministry, Mecklenburg County Department of Social Services (DSS), and Mecklenburg County Sheriff's Office (MCSO).

Crisis Assistance Ministry is a local nonprofit organization that provides emergency rent and utility assistance, coupled with financial coaching and counseling to prevent homelessness. Crisis Assistance Ministry also assists with basic needs - clothing, household goods, furniture, and appliances - which can be utilized before, during, or after a homeless episode. Crisis Assistance Ministry data used in this study was available from January 2014 to December 2018.

Mecklenburg County Department of Social Services (DSS) provides data on individuals receiving Food and Nutrition Services, a federal food assistance program that provides low-income households the food they need for a nutritionally adequate diet. DSS data used in this study was available from January 2014 to December 2018.

Mecklenburg County Sheriff's Office (MCSO) data on arrests was used to examine the intersection of homelessness and arrests. The analysis focused on Local Ordinance Arrests (LOA), which include arrests related to the experience of homelessness itself. LOAs are generally classified as less serious offenses that relate to the quality of public life. These include crimes such as panhandling and urinating in public. MCSO data used in this study was available from January 2014 to December 2017.

This study uses descriptive statistics to describe the population and service and system utilization of single adults who had experienced homelessness in Charlotte-Mecklenburg on at least one night between January 2014 and December 2018.

LIMITATIONS

This study's use of administrative and integrated data to describe and understand single adult homelessness in Charlotte-Mecklenburg represents the most comprehensive method of analysis currently available.

However, this study has several limitations that should be noted. First, the study uses a cross-sectional design, which means that the analysis can describe service and system utilization across single adult populations. It cannot, however, attribute causality to any relationship between service or system utilization and homeless episodes.

Secondly, administrative data provides the most comprehensive individual-level data on single adults experiencing homelessness, but there were still populations that were not captured within the data set. These include single adults who experienced homelessness under other definitions, including living temporarily in hotels and/or motels and who were staying doubled up with family and/or friends. It also includes single adults who were not included due to lack of available data or confidentiality restrictions; including those staying in a domestic violence shelter; staying in an emergency shelter or transitional housing facility that does not report data to HMIS; or who were unsheltered and did not receive Street Outreach services.

Finally, it is important to note that 2018 data was not available from the Mecklenburg County Sheriff's Office (MCSO), which may result in an undercount of arrests made during the overall (five-year) study period.

Chronic Homelessness Status

This study uses the term "single adult who experienced chronic homelessness" if they met a chronic homelessness classification at the time they interacted with/sought services from an HMIS providing agency. Individuals who may have aged into chronicity or did not have a coordinated entry assessment at the point in time during study period captured in HMIS may not be included causing an undercount.

Additionally, individuals who may have met the previous HUD definition but would not meet the current definition may be included resulting in a slight overcount. Further, individuals not engaging with an HMIS contributing service organization are not included, while an exact number is unknown, the 2020 Charlotte-Mecklenburg PIT Count indicated that 64% of individuals experiencing street homelessness reported that they had not stayed in an emergency shelter in the last two years, an indication of the level of non-engagement with the formal system. In reality, all of this points to the difficulty in accurately counting a transient population, and specifically the difficulty defining what constitutes chronic homelessness and classifying individuals as either chronically homeless or not. While administrative systems are one of the best available data sources for classifying the experience of chronic homelessness, they may be limited based on contextual factors.

WORKS CITED

- [1] Henry, M, Watt, R, Mahathey, A, Ouellette, J, Sitler, A. (2020). The 2019 Annual Homeless Assessment Report (AHAR) to Congress. ABT Associates.
- [2] Anderson, B. (2020). Charlotte-Mecklenburg 2020 State of Housing Instability & Homelessness Report. UNC Charlotte Urban Institute.
- [3] Metraux, S., Eng, N., Bainbridge, J., & Culhane, D. P. (2011). The impact of shelter use and housing placement on mortality hazard for unaccompanied adults and adults in family households entering New York City shelters: 1990–2002. *Journal of Urban Health*, 88(6), 1091-1104.
- [4] Brown, R. T., Hemati, K., Riley, E. D., Lee, C. T., Ponath, C., Tieu, L., ... & Kushel, M. B. (2017). Geriatric conditions in a population-based sample of older homeless adults. *The Gerontologist*, 57(4), 757-766.
- [5] Burt, M. R. (1999). Homelessness: programs and the people they serve: findings of the National survey of homeless assistance providers and clients: technical report. US Department of Housing and Urban Development, Office of Policy Development and Research.
- [6] Jones, M. M. (2016). Does race matter in addressing homelessness? A review of the literature. *World medical & health policy*, 8(2), 139-156.
- [7] Thomas, et al. (2019). The Racial Wealth Gap Charlotte-Mecklenburg. Retrieved from <https://ui.uncc.edu/sites/ui.uncc.edu/files/media/articles/RWTry2.pdf>
- [8] Dettling, et al. Recent Trends in Wealth-Holding by Race and Ethnicity: Evidence from the Survey of Consumer Finances. Retrieved from <https://www.federalreserve.gov/econres/notes/feds-notes/recent-trends-in-wealth-holding-by-race-and-ethnicity-evidence-from-the-survey-of-consumer-finances-20170927.htm>
- [9] Culhane, D., Treglia, D., Kuhn, R., Doran, K., Byrne, T., & Metraux, S. (2019). The Emerging Crisis of Aged Homelessness.
- [10] Donley, A. M., & Wright, J. D. (2018). The health of the homeless. *Sociology Compass*, 12(1), e12550.
- [11] Durso, L. E., & Gates, G. J. (2012). Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual and transgender youth who are homeless or at risk of becoming homeless.
- [12] National Law Center on Homelessness & Poverty. (2018). Homelessness in America: Overview of Data and Causes. Retrieved from: https://nlchp.org/wp-content/uploads/2018/10/Homeless_Stats_Fact_Sheet.pdf
- [13] Bowen, E. A., & Irish, A. (2018). 'Hello, you're not supposed to be here': homeless emerging adults' experiences negotiating food access. *Public health nutrition*, 21(10), 1943-1951.
- [14] Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008). The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. *PLoS Med*, 5(12), e225.
- [15] Roos, L. E., Mota, N., Afifi, T. O., Katz, L. Y., Distasio, J., & Sareen, J. (2013). Relationship between adverse childhood experiences and homelessness and the impact of axis I and II disorders. *American Journal of Public Health*, 103(S2), S275-S281.
- [16] Centers for Disease Control and Prevention. (2020). Adverse Childhood Experiences. Retrieved from: <https://www.cdc.gov/violenceprevention/aces/index.html>
- [17] Kaiser Family Foundation. Average Supplemental Nutrition Assistance Program (SNAP) Benefits Per Person.
- [18] Parpouchi, M., Moniruzzaman, A., Russolillo, A., & Somers, J. M. (2016). Food insecurity among homeless adults with mental illness. *PLoS One*, 11(7), e0159334.
- [19] Lee, B. A., & Greif, M. J. (2008). Homelessness and hunger. *Journal of Health and Social Behavior*, 49(1), 3-19.