



Fact Checking the Cicero Institute Claims About Homelessness & Housing In America

Unsubstantiated Opinion; False, Misleading & Incomplete Claims:

Of the 20 claims made in the Cicero Institute's two commentaries below: only 1 was accurate; 3 were opinion; 6 were false; 8 were misleading and or false; 1 was incomplete; 1 was unsubstantiated

The Cicero Institute is perpetrating the false and harmful narrative detailed below in the Fact Checking [Claim and Fact] analysis that homelessness is not a housing problem but overwhelming a substance abuse and mental health problem and despite decades of evidence to the contrary, Housing First is a failure.

Given this false narrative, Cicero's solutions are: "... banning street camping, instituting pay-for-performance contracts, reforming mental health admission criteria, and providing affordable shelter and service alternatives will save money"

To this end the Cicero Institute has proposed a "model bill." The Reducing Street Homelessness Model Bill of [2022]

<https://ciceroinstitute.org/wp-content/uploads/2021/11/Reducing-Street-Homelessness-Act-Model-Bill.090821.pdf>

As of July 2022, NCH has documented that parts or all of Cicero's model bill has been introduced in 9 states AZ, CA, GA, MS, OK, TN, TX, WA and WI, with mixed results.

The worst example of Cicero's solution of "banning street camping," is the law recently passed in TN that homeless people camping on public land is a felony, punishable by up to 6 years in prison & loss of voting rights

Housing Costs & Homelessness, Judge Glock, Senior Director of Policy & Research, Cicero Institute Commentary 6/29/2022

CLAIM:

But the definition of "homelessness" itself is problematic. The term was popularized by advocates in the 1970s and '80s as a way to combine a host of different social problems into a single issue that they claimed could be "solved" with housing.

Source: Stephen Eide, *Homelessness in America.*" (Rowman & Littlefield, 2022)

FACT:

OPINION: Stephen Eide is a Manhattan Institute fellow, a very conservative free market think tank

CLAIM:

Many students of homelessness have shown that there is a correlation between housing costs in a city and homelessness. Areas with higher rental and housing prices have higher rates of homelessness. But the surprising thing is how small the connection is. One would think that the recent book *Homelessness is a Housing Problem* would provide the very best evidence for the connection. Yet their statistics show that cities' rental burden, or their income-to-rent ratio, explains just 13% of the variation in homelessness across cities.

Source: Gregg Colburn and Clayton Page Aldern, *Homelessness Is a Housing Problem* (University of California Press, 2022)

FACT:**FALSE**

The thrust of their analysis is to answer the question: "What explains the regional variation in per capita homelessness rates in the United States? To cut to the chase, the answer is in this book: *Homelessness is a Housing Problem*. Regional variation in the rates of homelessness can be explained by the costs and availability of housing." [page 30]

Nowhere in their book do they make this claim about income-to-rent ratio.

In fact, the authors conclude: "The housing market factor outlined in this chapter – in particular absolute rents and vacancy rates – provide credible explanations for regional variations in homelessness." [page 247] ... "but by no stretch of the imagination do housing market variables explain all variation in the manifestation of homelessness across cities around the country." [page 248]. "We conclude that income inequality may not explain regional variation among the largest and most unequal cities, but it does help explain why homelessness is much worse in communities where income inequality is high." [page 251].

CLAIM: By contrast, higher January temperature explains 20% of the variation in homelessness, and it explains 60% of "unsheltered" homelessness.

Source: <https://www.aei.org/wp-content/uploads/2017/03/homelessness-climate-update.pdf> [American Enterprise Institute]

FACT:

FALSE: Nowhere in their paper do the authors, Kevin Corinth and David Lucas make this claim. Essentially they conclude that "*Places with warmer climates have on average higher rates of unsheltered homelessness. But average effects mask a more nuanced relationship. Cold places uniformly have low rates of unsheltered homelessness, while warm places exhibit substantial variation.*"

Colburn and Aldren in their analysis, *Homelessness is a Housing Problem* also examine what, if any, relationship there is between temperature and housing. They conclude, "...broadly speaking, temperature fails to explain the overall rates of homelessness throughout our sample [page 183] ...Mother Nature – a convenient scapegoat – is not to blame." [page 185]

CLAIM:

About two-thirds of the homeless population are sheltered and the vast majority of people in shelters stay in them for less than two months.

Source: U.S. Department of Housing and Urban Development, *The 2021 Annual Homeless Assessment Report (AHAR) to Congress*, by Meghan Henry et al. Washington, D.C.: HUD, 2022.

FACT:

FALSE: The 2021 AHAR report only focused on the sheltered homeless population due to the difficulties of doing a point in time count of the unsheltered population during the pandemic. As the authors say on page 2: “Because of pandemic-related disruptions to counts of unsheltered homeless people in January 2021, these findings focus on people experiencing sheltered homelessness.” Thus, there was not a complete count of sheltered and unsheltered people experiencing homelessness, so there is no percentage of either in the HUD 2021 report.

FALSE: The 2021 AHAR report did not report on length of stay.

CLAIM:

People in shelters, of which about half are families, tend to have relatively low rates of mental illness and drug or alcohol abuse, usually less than 20%.

Source: Substance Abuse and Mental Health Services Administration, *Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States*, by U.S. Department of Health and Human Services. Washington, D.C.: HHS, 2011.

FACT:

FALSE: According to the SAMSHA 2011 fact sheet, 26.2% of all sheltered persons who were homeless had a severe mental illness • 34.7% of all sheltered adults who were homeless had chronic substance use issues; while for families Over 92% of mothers who are homeless have experienced severe physical and/or sexual abuse during their lifetime • About two-thirds of homeless mothers have histories of domestic violence. • Compared to low-income housed women, mothers who are homeless have three times the rate of posttraumatic stress disorder (36%) and twice the rate of drug and alcohol dependence (41%); About 50% of homeless mothers have experienced a major depression since becoming homeless while children who are homeless experience higher rates of emotional and behavioral problems than low-income housed children.

CLAIM:

Almost half of the unsheltered population are chronically homeless, meaning they have been homeless for more than 12 months.

Source: B. Smith, “[Sleeping Behind the Bronx Zoo: Why Some New Yorkers Choose Streets over Shelters,](https://www.thecity.nyc/2021/4/5/22366758/new-yorkers-choose-streets-over-homeless-shelters)” *The City*, April 5, 2021, <https://www.thecity.nyc/2021/4/5/22366758/new-yorkers-choose-streets-over-homeless-shelters>

FACT:

MISLEADING: The source for this statistic is a 2018 survey, *View from the Streets*, of 200 people experiencing homelessness in New York City, conducted by the New York Coalition for the Homeless.

CLAIM:

According to a recent study, the vast majority of the unsheltered have severe alcohol and drug abuse problems, as well as severe mental illnesses — over 75% in each case.

Source: Janey Rountree, Nathan Hess, and Austin Lyke, “Health Conditions Among Unsheltered Adults,” California Policy Lab, October 6, 2019, <https://www.capolicylab.org/health-conditions-among-unsheltered-adults-in-the-u-s/>

FACT:

FALSE AND MISLEADING:

This 2019 study is a “a non-representative convenience sample of VI-SPDAT [vulnerability index] survey data from more than 64,000 unsheltered and sheltered individuals in 15 different states.” The authors emphasized that “The findings should not be generalized to all homeless individuals or used to describe the homeless population in Los Angeles.”

As it relates to substance use, the authors state, “At the time of VI-SPDAT assessment, unsheltered people are more than four times as likely as sheltered people to report a physical health condition (84% vs. 19%), nearly one and a half times as likely to report a mental health condition (78% vs. 50%), more than five times as likely to report a substance abuse condition (75% vs. 13%).”

CLAIM:

In Los Angeles, 35% of the unsheltered, which are the vast majority of the homeless in that city, were homeless before they moved to LA.

Source: Los Angeles Homeless Services Authority, *Greater Los Angeles Homeless Count 2020*. LAHSA, 2020. <https://www.lahsa.org/documents?id=4558-2020-greater-los-angeles-homeless-count-presentation>.

FACT:

MISLEADING: LAHSA found that 64% of the unsheltered homeless [72% of the total” lived in LA County before becoming homeless; while 36% came from other locations: here is the breakdown: 10% lived in another county in Southern CA; 4% somewhere else in CA; 20% out of state and 2% out of the USA.

However, of the 64% - 80% had lived in Los Angeles County for 5 years or longer with 71% living in LA County 10 years or longer.

CLAIM:

One piece of evidence that chronic homelessness is not just a housing problem is that even when given free or almost-free homes with extensive services (permanent supportive housing, as it is known), many homeless people leave. Even supporters note that those provided with a free home tend to leave at a rate of about 10 to 25 percent a year

Source: “Housing First,” National Alliance to End Homelessness, April 20, 2016, <https://endhomelessness.org/resource/housing-first/>.

FACT:

MISLEADING: According to the NAEH 2016 Housing First Fact Sheet, “Permanent Supportive Housing [PSH] has a one-year housing retention rate of up to 98 percent. Studies have shown that rapid re-housing helps people exit homelessness quickly—in one study, an average of two months—and remain housed. A variety of studies have shown that between 75 percent and 91 percent of households remain housed a year after being rapidly re-housed.

CLAIM:

11% of *all* the homeless in San Francisco were previously in a subsidized housing unit *before* becoming homeless again.

Source: Applied Social Research, "San Francisco Homeless Count & Survey 2017 Comprehensive Report," San Francisco Department of Homelessness and Supportive Housing, 2017, <https://hsh.sfgov.org/wp-content/uploads/2017/06/2017-SF-Point-in-Time-Count-General-FINAL-6.21.17.pdf>

FACT:

ACCURATE AND INCOMPLETE: The 2017 San Francisco Point In Time Reports reports the following as it relates to prior residence before becoming homeless: 33% - apartment or home; 32% -living with friends; 11% - subsidized housing or permanent supportive housing; 8% - motel; 5% jail; 3%- hospital; 3% - foster care; and 1%- juvenile justice facility.

Additionally, and unreported by the Cicero Institute: the following reasons why people became homeless in SF: 22% - job loss; 15% - drugs or alcohol; 13% - asked to leave by family member; 12% - eviction; 10% - divorce/separation; 7% - medical

CLAIM:

A randomized control trial of a Denver supportive housing program found that only 83% were stably housed one year after receiving free housing. Three years into the program, only 68% remained in the homes. Even this is something of an underestimate, because about 10% of the people offered a free home could not be convinced to go inside of it. If even a free and "supportive" housing unit cannot keep someone inside, then housing costs are not the main issue for this group.

Source: No source

FACT:

FALSE: The results of the five year study by the Urban Institute of Denver's Social Impact Bond Initiative, targeting 700 people "entrenched in the cycle of homelessness and stays in jail," found that 86% stayed in housing for the first year; 77% were in housing after 3 years; a 34% in police interactions; 40% decline in arrests and 40% decline in trips to the emergency room. As the Corporation for Supportive Housing notes: "The five-year randomized control trial evaluation in the project proves that supportive housing is the reason for the reductions in interactions with the justice system." The program was so successful that the City of Denver expanded the program by 75 slots. The "pay for success model" was so successful that investors received their total \$8.5 million investment from the city, plus \$1 million in return.

Sources:

<https://www.urban.org/research/publication/breaking-homelessness-jail-cycle-housing-first-results-denver-supportive-housing-social-impact-bond-initiative>

<https://www.csh.org/2021/07/denver-supportive-housing-project-achieves-remarkable-success-for-homelessness-and-jail-stays/>

CLAIM:

One of the reasons for the low retention rate in housing for the homeless is the number of deaths of people in these programs. In San Francisco, about 14% of all overdoses in the city occurred in the 1% of the population that lived in these supportive housing units.

Source: Joaquin Palomino and Trisha Thadani, "Broken Homes," San Francisco Chronicle, April 26, 2022, <https://www.sfchronicle.com/projects/2022/san-francisco-sros/>

FACT:

MISLEADING: The full title of this investigative report is “Broken Homes: SF Spends Millions of Dollars to Shelter Its Most Vulnerable Residents in Dilapidated Hotels. With Little Oversight or Support the Results Are Disastrous.” It is true according to the report that there were 166 overdose deaths in the hotels or 14% of all overdoses in the city in 2020 and 2021. However, the main point of the report is the terrible living conditions and lack of social services. The residential hotels only receive \$7 a day per room for supportive services. The reporters quote the SF Mayor as acknowledging that many of the hotels have issues and “no one should have to live this way.”

The investigative reports identified the reasons of the 515 who left the program, where people went: 27% - unknown destination; 27% - permanent housing; 25% - died [reasons unknown]; 21% - streets or shelter.

CLAIM:

In the Denver program, about 4% of those given a free home had died after one year; in three years, 12% had died.

Source: No source

FACT:

MISLEADING: While it is accurate to say that of the 724 people in either the randomized or control group, 4% passed away in year one; 8% by year two and 12% by year three, the Urban Institute notes, which the Cicero Institute ignore, “*The distressing rate of mortality among SIB participants in housing highlighted the vulnerability of this population. The appendix shows that mortality was similar across the treatment and control groups in the evaluation.*”

Source: <https://www.urban.org/research/publication/breaking-homelessness-jail-cycle-housing-first-results-denver-supportive-housing-social-impact-bond-initiative>

CLAIM:

This rate of death was about 40% higher than those left on the street without any housing.

FACT:

UNSUBSTANTIATED

CLAIM:

If anyone proposed a program that cost hundreds of thousands of dollars per person and yet led to almost 1 of every 8 participants dying in three years, they might be accused of sadism, yet such are held up as “best practices” by the current focus on “Housing First.”

FACT:

OPINION

The Urban Institute concludes just the opposite of the Cicero Institutes opinion Denver's Housing First approach:

The impacts shown in this report demonstrate the Denver SIB's remarkable success. They disrupt the false narratives that homelessness is an unsolvable problem and that people who experience chronic homelessness choose to live on the street. The Denver SIB demonstrated that with the offer of housing first and the right supports, people can exit homelessness and remain housed, even after living on the streets or in shelters for years and grappling with mental health and substance use challenges. Furthermore, it showed that investment in supportive housing can decrease police interactions and arrests, disrupt jail cycling, and reduce the use of emergency detoxification facilities... supportive housing, provided with a Housing First approach, can break the homelessness-jail cycle.

CLAIM:

A report tried to note the bright side, highlighting the higher "percent of living participants who stayed housed."

Source: Mary Cunningham et al, "Breaking the Homelessness-Jail Cycle with Housing First https://www.urban.org/sites/default/files/publication/104501/breaking-the-homelessness-jail-cycle-with-housing-first_1.pdf

FACT:

MISLEADING: Again, as reported by the Urban Institute: "This means that 77 percent of living participants remained in some type of permanent housing at the three-year milestone."

CLAIM:

We should work to reduce the housing costs in our major metropolitan areas, most especially by deregulating the housing market and improving the incentives to build.

Source: Judge Glock, "Why California Cities Already Lost Control (And Why the State Needs to Push Housing)," Medium, April 8, 2019, <https://medium.com/cicero-news/why-we-already-lost-local-control-in-california-and-why-the-state-needs-to-push-housing-f82dd0abe63d>.

FACT:

OPINION

Housing First is a Failure, Research, Judge Glock, 1/13/2022

CLAIM:

Another reason Housing First doesn't work is that it ignores that the major problems for the chronically homeless aren't just lack of a home. A recent UCLA study found that more than 75% of this population have a serious mental illness, and 75% have a substance abuse problem, and the majority have both. These individuals are reluctant to accept assistance without mandates and requirements, and a house without such mandates will not encourage use of these services.

Source: <https://newsroom.ucla.edu/releases/serious-health-conditions-trauma-unsheltered-homeless>

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CLAIM:

Yet studies have now shown that simply providing people subsidized housing does not reduce drug use, and often encourages it, which makes sense because there is no mandated treatment in PSH and the free unit provides people with more money to pursue their habits.

Source: Tsai, J., Kaspro, W.J., & Rosenheck, R.A. Alcohol and drug use disorders among homeless veterans: Prevalence and association with supported housing outcomes. *Addictive Behaviors*, 39 (2014): 455-460; Rebecca A. Cherner, et. al., “Housing First for Adults with Problematic Substance Use,” *Journal of Dual Diagnosis* 13 (2017)

FACT:

FALSE AND MISLEADING:

The authors examined the of 29,143 veterans – 60% of program entrants had a substance use disorder and 54% of those with a substance use disorder had both alcohol and drug use disorders. The authors conclude “that despite strong associations between substance use disorders and homelessness, the HUD-VASH program is able to successfully house homeless veterans with substance use disorders although additional services may be needed to address their substance abuse after they become housed.”