



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.

This one pager focuses on nine of the more egregious claims

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: Homelessness is Not a Housing Problem: *Homelessness is a Housing* statistics show that cities' rental burden, or their income-to-rent ratio, explains just 13% of the variation in homelessness across cities.

FACT: FALSE: The thrust of the analysis in *Homeless is Not A Housing Problem* 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.

CLAIM: Temperature explains 60% of unsheltered homelessness.

FALSE: Nowhere in their paper do the authors, make this claim. *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: 66% of homeless people are sheltered in the USA according to HUD

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.

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

CLAIM: According to SAMSHA only 20% of people in shelters, especially families have low rates of mental illness and drug/alcohol abuse

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.

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: 75% of unsheltered have severe substance use and mental illness, according to 2019 UCLA study

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.”

CLAIM: Housing 1st is a failure: 10% - 15% leave the housing a year

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

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: Denver’s Social Impact Bond Initiative was a failure

Only 83% were stably housed one year after receiving free housing. Three years into the program, only 68% remained in the homes.

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 project proves that supportive housing is the reason for the reductions in interactions with the justice system.” The Urban Institute concludes: *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: High death rate in Denver’s PSH

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

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.*”

CLAIM: PSH encourage drug use in 2014 study of homeless veterans

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.”