2018 Report of the North Carolina Interagency Council for Coordinating Homeless Programs

Executive Summary

In May 2017, with Executive Order No.8, Governor Roy Cooper reconstituted the Interagency Council for Coordinating Homeless Programs (ICCHP). Through this Executive Order, Governor Cooper recognized that homelessness denies individuals and families their basic need for adequate housing and is a barrier to healthcare, academic success, employment and overall quality of life.

Effective elimination of homelessness across North Carolina, requires the eradication of silos between and within service providers, funders, and government. We must integrate our work and be aware of the circumstances that allow homelessness to impact our communities and work together to identify best practices and maximize resources to improve access to housing and supportive services. The Executive Order identifies the four duties of the ICCHP:

1. Advise the Governor, the Secretary for the NC Department of Health and Human Services, other state agencies and partners on issues related to housing stabilization for people who are homeless or at risk of becoming homeless.
2. Identify and secure resources.
3. Promote evidence-based best practices to address the needs of people who are homeless or at risk of homelessness.
4. Make recommendations for short- and long-term policy initiatives that increase permanent housing, identify barriers, and provide options to enhance the services provision for people who are homeless or at risk of homelessness.

In March 2018, the ICCHP defined the council's objectives and set a path to understanding the landscape of homelessness and homeless services programs across North Carolina. ICCHP members determined that creating two subcommittees to examine the two broad bodies of work would meet the expectations of the duties outlined in the Executive Order.

The first subcommittee, **Increasing Permanent Housing**, focused on understanding the nature of affordable, permanent housing and made recommendations about ways the state could leverage resources to improve the availability of affordable housing by:

1. Understanding the current housing supply by county
2. Identifying best practices for landlord engagement
3. Identifying best practices and models for statewide affordable housing policies
4. Understanding public funding carve-outs, such as tax credits, Community Development Block Grants or Home Incentives
5. Educating housing developers and the community about affordable housing strategies
6. Identifying and evaluating rental subsidy resources
7. Engaging Public Housing Authorities regarding repairing existing housing stock and choice set-asides
8. Identifying and recommending strategies for housing quality

The second subcommittee focused on **Enhancing Service Delivery and Identifying Housing Barriers** for those who are homeless or at risk of homelessness by:

1. Identifying best practices that could be implemented

2. Determining the methodology to build a state-wide inventory of homeless services and analyzing system barriers and gaps to service delivery in rural and urban communities.
3. Identifying policy gaps that impact effective and efficient service delivery and make recommendations for alignment.
4. Determining ways to obtain feedback and input from clients of the homeless services delivery system.
5. Identifying funding needs for support programs and other resources that improve the delivery of supportive services to homeless people and those at risk of homelessness.
6. Developing a public education and advocacy campaign regarding access to resources.

Having reviewed substantial information about the risk of becoming homeless and the needs of the existing homeless population, barriers to supportive services, gaps in service array, and successes with evidence-based practices and several promising practices, the ICCHP respectfully submits the following recommendations:

1. Determine an effective system of support and funding that increases supportive services for formerly homeless households living in permanent housing.
2. Funding for workforce development in tenancy support services.
3. Use Medicaid funding to provide tenancy support services for vulnerable populations.
4. Create flexible funding to supplement housing and related supports for veterans experiencing homelessness. Secure funding that specifically works to ending veteran homelessness.
5. Streamline Transitions to Community Living Initiative referrals.
6. Encourage public housing authorities to create preferences in public housing and set aside housing choice vouchers for those experiencing homelessness.
7. Expand access to housing through landlord incentives and mitigation projects, with a special consideration for how such incentives might improve access in rural areas.
8. Funding for the ICCHP to train and support homeless services providers that implement promising practices.
9. Create a strategic plan to prevent and end homelessness.

The ICCHP will continue building upon its initial research, analysis, and recommendations, with the focus on building capacity in the homeless services delivery system that eliminate barriers contributing to homelessness, encourage the development of affordable and accessible housing stock, and the supportive services necessary to help North Carolina's families and individuals maintain permanent housing.

2018 NC ICCHP Members

Michael A. Becketts, Chairperson
NC Department of Health and Human Services

Denise Neunaber, Co-Chairperson
NC Coalition to End Homelessness

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NC House of Representatives

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NC House of Representatives

Senator Paul Lowe Jr.
NC Senate

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The ICCHP appreciate the time and effort of the NC DHHS Division of Aging and Adult Services for supporting ICCHP's work by serving as staff to the committee.

2018 Annual Report of the Interagency Council for Coordinating Homeless Programs

On May 26, 2017, Governor Roy Cooper signed Executive Order No. 8, re-establishing the North Carolina Interagency Council for Coordinating Homeless Programs (ICCHP).

Through this Executive Order, Governor Cooper recognizes that homelessness denies individuals and families their basic need for adequate housing, and is a barrier to healthcare, academic success, employment and overall quality of life. To eliminate homelessness across North Carolina, service providers, funders, and government must collaborate and identify best practices and maximize resources to improve access to housing and supportive services.

Membership of the council, appointed by the Governor, includes individuals representing a variety of state agencies, including Health and Human Services, Housing Finance, Public Safety, Commerce, Military and Veterans Affairs, along with members of the General Assembly, county and local government, the faith-based community, non-profit organizations, advocacy groups and people who were homeless. Each member is appointed to a three year term.

There are four specific duties of the ICCHP:

1. Advise the Governor, the Secretary for the NC Department of Health and Human Services, other state agencies and partners on issues related to housing stabilization for people who are homeless or at risk of becoming homeless.
2. Identify and secure resources.
3. Promote evidence-based best practices to address the needs of people who are homeless or at risk of homelessness.
4. Make recommendations for short- and long-term policy initiatives that increase permanent housing, identify barriers, and provide options to enhance the services provision for people who are homeless or at risk of homelessness.

Other important duties include identifying and securing resources needed to combat homelessness and promoting evidence-based best practices that address the needs of homeless people.

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1. Identifying best practices that could be implemented
2. Determining the methodology to build a state-wide inventory of homeless services and analyzing system barriers and gaps to service delivery in rural and urban communities.
3. Identifying policy gaps that impact effective and efficient service delivery and make recommendations for alignment.
4. Determining ways to obtain feedback and input from clients of the homeless services delivery system.
5. Identifying funding needs for support programs and other resources that improve the delivery of supportive services to homeless people and those at risk of homelessness.
6. Developing a public education and advocacy campaign regarding access to resources.

The ICCHP received several presentations to understand the resources, services, barriers and gaps in North Carolina's homeless services delivery system. The remainder of this report provides an overview of the existing homeless services system, promising practices in services delivery and initial recommendations of the ICCHP.

Who is homeless in NC and how do we know?

On any given night, North Carolina has more than 9,000 homeless people, as defined by the U.S. Department of Housing and Urban Development (HUD). These men, women and children are living in the streets, buildings not fit for human habitation, parks and wooded areas, vehicles, temporary situations, domestic violence shelters, and general population shelters. An estimated 27,000 North Carolinians experience homelessness each year. These numbers are derived from the annual point-in-time count of homeless individuals. HUD requires that communities receiving federal funds conduct an annual count of all sheltered people during the last week of January. In an effort to complete the point-in-time shelter count, outreach workers and volunteers canvas communities across the state to count people who appear to be living in places not meant for human habitation.

Point-in-time counts are important because they establish the dimensions of the problem of homelessness and help policymakers and program administrators track progress made toward ending homelessness. Collecting data on homelessness and tracking progress informs public opinion, increases public awareness, and attracts resources leading to the eradication of homelessness. The point-in-time count also helps communities plan services and programs to address local needs and identify strengths and gaps in a community's current homelessness assistance system.

The point-in-time count follows the HUD definition of homeless: People who are living in a place not meant for human habitation, emergency shelter, transitional housing or exiting an institution

where they temporarily resided. On one night in January 2018, there were 9,268 people experiencing homelessness in North Carolina, representing an increase of five percent since the January 2017 point-in-time count. However, it is of significance to note that there has been a 24 percent reduction in overall homelessness in North Carolina between 2010 – 2018. Of the North Carolinians experiencing homelessness during the January 2018 point-in-time count:

- Thirty-one percent were people in families with children, 69 percent were adults with no dependent children and less than one percent were unaccompanied children
- Nineteen percent were children and youth 17 years old or younger
- Thirty-eight percent were female, 62 percent were male
- Fourteen percent were chronically homeless
- Nine percent were veterans

Funding for Homeless Programs In North Carolina

Federal Funding to Address Homelessness

Each year, Congress allocates funds to federal housing and homelessness programs. The largest source of federal funding is HUD's McKinney-Vento Homeless Assistance Grants program. McKinney-Vento funds two programs: the competitive Continuum of Care (CoC) program and the Emergency Solutions Grant (ESG) formula grant program. Modest congressional investments in McKinney-Vento, coupled with congressional support for HUD's work to strategically allocate these resources for maximum impact, has resulted in a decrease in the homeless population.
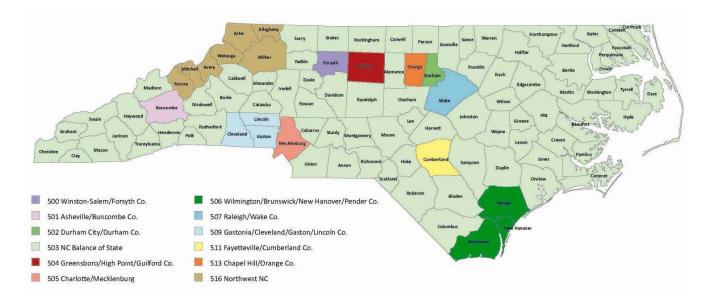
Continuum of Care Program

The delivery of services and housing support for those experiencing homelessness is organized through a CoC system. The system was first implemented in 1995, when HUD began requiring communities to submit a single application for McKinney-Vento Homeless Assistance Grants. This was meant to streamline the funding application process, encourage coordination of housing and service providers on a local level, and promote the development of Continuums of Care. Before the CoC system, agencies across the country applied for funding by submitting individual applications directly to HUD. Now, all agencies are required to apply through their local CoC system.

CoC promotes a communitywide commitment to ending homelessness, provide funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families, while minimizing the trauma and dislocation caused to homeless individuals, families and communities by homelessness, promote access and utilization of mainstream programs for homeless individuals and families, and optimize self-sufficiency among individuals and families experiencing homelessness.

Continuum of Care is both a community planning entity comprised of diverse providers of services and housing, along with government and civic leaders, and a funding mechanism and process for HUD to provide federal dollars to local and state agencies.

HUD identifies four necessary parts of a continuum:

- Outreach, intake and assessment to identify service and housing needs and provide a link to the appropriate level of both.
- Emergency shelters to provide an immediate and safe alternative to sleeping on the street, especially for homeless families with children.
- Transitional housing with supportive services that allow for skills development that will be needed once permanently housed.
- Permanent and permanent-supportive housing to provide individuals and families with stable and long-term permanent housing. As of 2018, there are 12 Continuums of Care in North Carolina. The structure of continuums varies amongst the communities. Eleven are individual counites or a cluster of counties.

Map of North Carolina's Continuums of Care

The North Carolina Balance of State Continuum of Care (NC BoS CoC) was established in 2005, through assistance from NC Department of Health and Human Services and the Interagency Coordinating Council on Homeless Programs. The NC BoS CoC provides a full continuum of housing and services to homeless individuals and families, in compliance with the McKinney-Vento Homeless Assistance Act and receives HUD funding to provide housing and services through appropriations under that act. The NC BoS CoC was developed in recognition of the fact that many of North Carolina's rural areas did not have the capacity to submit local-only applications, and that by combining resources all North Carolina communities had a better chance to receive funding.

Many states like North Carolina have large areas (often rural) which are not covered by regional, county or city continuums. Balance of State continuums operate in 31 states, including North Carolina, and make up seven percent of all continuums. These often include both highly functional local continuums and weak local organizations, which have joined together to submit a single McKinney-Vento application for their combined geographical area. Travel, distance and

communication difficulties tend to be similar to statewide or rural continuums, resulting in less frequent meetings as compared to city, county or regional continuums. The NC BoS CoC is made up of 13 Regional Committees, representing 79 counties.

The NC BoS CoC is goverened by 13 regional committees, which conducti annual point-in-time counts of the homeless, establish funding priorities, and participate in annual reviews and scoring of HUD applications for funding. The North Carolina Coalition to End Homelessness (NCCEH) is the designated Collaborative Applicant and provides staffing and technical support for the NC BoS CoC.

FY2017 Continuum of Care

Funding by Component Type

Component Type	Number of Projects	Award	Percent of Award
PH - Permanent Supportive Housing	98	$18,937,068	74%
PH – Rapid Re-housing	23	$3,474,253	14%
Joint Transitional Housing-Rapid Re-housing	2	$197,728	<1%
Transitional Housing	6	$538,083	2%
Supportive Services Only	8	$518,691	2%
Homeless Management Information System	8	$1,015,945	4%
Safe Haven	1	$64,150	<1%
CoC Planning Grant	11	$831,311	3%
Total	**157**	**$25,577,229**	

Funding by Continuum of Care

Continuum of Care	Total Award	Percent of Total Funding
NC-500 Winston-Salem/Forsyth County CoC	$2,011,535	7.9%
NC-501 Asheville/Buncombe County CoC	$1,289,398	5%
NC-502 Durham City & County CoC	$1,290,365	5%
NC-503 North Carolina Balance of State CoC	$8,613,808	33.7%
NC-504 Greensboro, High Point CoC	$2,049,626	8%
NC-505 Charlotte/Mecklenburg County CoC	$3,812,578	14.9%
NC-506 Wilmington/Brunswick, New Hanover, Pender Counites CoC	$677,710	2.6%
NC-507 Raleigh/Wake County CoC	$3,352,007	13.1%
NC-509 Gastonia/Cleveland, Gaston, Lincoln Counties CoC	$803,103	3.1%
NC-511 Fayetteville/Cumberland County CoC	$703,508	2.8%
NC-513 Chapel Hill/Orange CoC	$683,639	2.7%
NC-516 Northwest North Carolina CoC	$289,952	1.1%
	$25,577,229.00	

Emergency Solutions Grant Program

The Emergency Solutions Grant (ESG) program is a reimbursable grant program established by the McKinney-Vento Homeless Assistance Act (Public Law 100-77, Public Law 100-628) as amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act). The HEARTH Act authorized the ESG Program for aiding individuals and families who are homeless or at risk of homelessness.

The ESG program is designed as the first step in the continuum of assistance to prevent homelessness and enable the homeless population to move toward independent living. The North Carolina Department of Health and Human Services (DHHS), Division of Aging and Adult Services (DAAS) is responsible for administering the statewide annual allocation of funds from HUD and ESG program funds granted to North Carolina (NC ESG).

These programs and services are carried out by community organizations that apply for and are awarded ESG funds on an annual basis. These funds are a formula grant appropriated by Congress to the United States Department of Housing and Urban Development with the intention to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families and individuals from becoming homeless. ESG funds are intended to be used as part of a crisis response system using a low barrier, housing-focused approach to ensure that homelessness is rare, brief and non-recurring.

The ESG program is further broken down into two primary functions: Emergency Response Activities, including emergency shelter operations and services, as well as street outreach, and Housing Stability Activities, including homelessness prevention and rapid re-housing. ESG funds can also be used for Homeless Management Information System (HMIS) participation and administration, or a comparable domestic violence shelter database participation and administration.

The ESG program provides funding to:

1. Engage homeless individuals and families living on the street.
2. Improve the number and quality of emergency shelters for homeless individuals and families.
3. Help operate these shelters.
4. Provide essential services to shelter residents.
5. Rapidly re-house homeless individuals and families.
6. Prevent families and individuals from becoming homeless.

ESG funds may be used for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and HMIS; as well as administrative activities (up to 7.5% of a recipient's allocation).

Seven communities across North Carolina receive annual ESG funds. Those communities are:

Community	FY2018
Charlotte	$482,968
Durham	$161,862
Greensboro	$177,564
Raleigh	$258,582
Winston-Salem	$177,701
Wake County	$149,012
North Carolina non-entitlement	$4,993,667
Total	**$6,401,356**

Other Funded Services Available in North Carolina

Projects for Assistance in Transition from Homelessness (PATH)

The Substance Abuse and Mental Health Services Administration's **Projects for Assistance in Transition from Homelessness (PATH)** funds services for people with serious mental illness (SMI) and experiencing homelessness. The PATH program reduces or eliminates homelessness for individuals 18 or older with a serious mental illness or co-occurring mental illness and substance use disorder, who are homeless or at risk of homelessness. The NC PATH program focuses on providing street outreach to adults living in outside locations, such as street, camps, wooded areas, abandoned buildings or under bridges. Once the individual is determined to meet eligibility criteria, case management services are provided to connect the individual with community mental health services and assist with obtaining permanent housing. North Carolina received $1.3 million for PATH support services in fiscal year 2018. Specific services offered by PATH programs are:

- Community outreach
- Screening and diagnostic treatment
- Habilitation and rehabilitation
- Community mental health
- Substance use treatment
- Referrals for primary healthcare, job training, educational services and housing

Runaway and Homeless Youth Program

Every year, as many as 550,000 young people are homeless for more than a week, according to estimates by the National Alliance to End Homelessness. On the street, youth can become victims of violence, develop serious mental health and addiction problems, and be forced to trade sex for basic needs. The **Runaway and Homeless Youth** Program serves as the national leader for the provision of shelter services to unaccompanied homeless youth. Grants are

administered to public and private organizations to establish and operate youth emergency shelters and transitional living programs. There are two programs in North Carolina that receive this funding; Haven House, Inc. in Raleigh ($198,000) and Youth Focus, Inc. ($194,726) in Greensboro.

These grants to community-based public and private agencies fund resources for outreach, crisis intervention, emergency shelter, counseling, family reunification and aftercare services to run-away and homeless youth and their families. These programs offer the following services BCP provides the following services:

- Up to 21 days of shelter
- Food, clothing and medical care
- Mental and physical health services
- Education and employment assistance
- Individual, group and family counseling

HUD – VA Supportive Housing Vouchers

HUD-VASH is a collaborative program between HUD and VA that combines HUD housing vouchers with **VA supportive housing** services to help veterans who are homeless and their families find and sustain permanent housing. Not all veterans may eligible for this program, especially if their discharge was less than honorable.

Through public housing authorities, HUD provides rental assistance vouchers to veterans who are eligible for VA health care services and are experiencing homelessness. VA case managers connect these veterans with support services such as health care, mental health treatment and substance use counseling to help them in their recovery process, and with their ability to maintain housing in the community. Among VA homeless continuum of care programs, HUD-VASH enrolls the largest number and largest percentage of veterans who have experienced long-term or repeated homelessness.

Supportive Services for Veteran Families

The Veteran's Administration has been authorized to offer community-based grants through the **Supportive Services for Veteran Families** (**SSVF**) program, which will provide supportive services to very low-income veteran families in or transitioning to permanent housing. The U.S. Department of Veterans Affairs' SSVF program**,** in collaboration with HUD, awards grants to private non-profit organizations and consumer cooperatives who can provide supportive services to very low-income veteran families living in or transitioning to permanent housing. Not all veterans may eligible for this program, especially if their discharge was less than honorable.

The goal of SSVF is to promote housing stability among very low-income veteran families who without case management services and in some instances temporary financial assistance, would not have housing stability. While encouraging veterans' personal strengths, SSVF uses a housing-first approach designed to produce an immediate desired result: housed veterans and their families. By connecting veterans to resources and services, the SSVF staff seeks to prevent homelessness. When homelessness does occur, Volunteers of America makes it a mission that such an episode is short-lived. Case Managers may assist SSVF participants with

accessing VA and other benefits, which may include:

- Health care
- Daily living services
- Personal financial planning services
- Transportation services

- Fiduciary and payee services
- Legal services
- Child care services
- Housing counseling services

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Volunteers of America of the Carolinas, which was awarded the Veterans Affairs Supportive Services for Veteran Families program grant in 2013, now serves veterans in 27 counties.

Grant and Per Diem Program

VA's Homeless Providers **Grant and Per Diem** Program is offered annually (as funding permits) by the Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services, with the goal of helping homeless veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.

Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations, including homeless women veterans, etc.) are eligible for these funds. The program has two levels of funding: The Grant Component and the Per Diem Component.

Health Care for the Homeless

Health Care for the Homeless (HCH) started in 1985, through 19 demonstration projects funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust. The intention of these initial projects was to determine if a specialized model of delivering services could improve the health of individuals experiencing homelessness. Federal funding for more projects began in 1987, through the Stewart B. McKinney Homeless Assistance Act. In 1996, HCH projects were consolidated with community health centers and other primary care projects administered by HRSA's Bureau of Primary Health Care. By law, HCH projects receive 8.7 percent of appropriated health center funds. There are now 208 HCH projects nationally—at least one in every state, the District of Columbia and Puerto Rico.

Like other health centers, HCH projects are community-based and patient-directed organizations that serve low-income populations with limited access to health care. Each is in a medically underserved community and is a nonprofit organization or public entity governed by a community board, and provides comprehensive primary care, as well as supportive services (education, translation, transportation, etc.) that promote access to health care. All services are provided on a sliding scale, with fees adjusted based on income and the ability to pay, and no patient may be turned away due to inability to pay. Unlike other health centers, HCH projects are required to provide substance abuse treatment services.

In North Carolina, there are 11 Health Care for the Homeless locations in nine localities: Asheville, Carrboro, Charlotte, Durham, Goldsboro, Greensboro, Rocky Mount, Wilmington and Winston-Salem.

Promising Practices to Address Homelessness

Housing First

Housing First is a homeless assistance approach that prioritizes placing people experiencing homelessness in permanent housing as quickly as possible, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need to be given the chance to create healthy opportunities, like food and a place to live, before attending to anything less critical, such as getting a job, budgeting properly or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Housing First does not require people experiencing homelessness to address their problems, including behavioral health problems, or to graduate through a series of services programs before they can access housing. Housing First does not mandate participation in services, either before obtaining housing or to retain housing. The Housing First approach views housing as the foundation for life improvement, and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Supportive services are offered to support people with housing stability and individual well-being, but participation is not required as services have been found to be more effective when a person chooses to engage.

Low Barrier Shelters

Emergency shelters play a critical role in ending homelessness. Effective shelters should embrace a Housing First approach, offer immediate and low-barrier access to anyone facing a housing crisis, and measure shelter performance to improve results. Many homeless people avoid going to shelters for any number of reasons, including the inability to bring along personal belongings, the inability to stay with a partner or family member, too many restrictions, the inability to keep pets or having a criminal, psychiatric or substance abuse issue. Shelters who have such restrictions are referred to as high barrier shelters. For the most part, these shelters do little to provide the "wrap-around" services needed for a person to successfully transition to housing. Communities using the low barrier model have found that the length of stay within a shelter is drastically reduced and the number of successful transitions to permanent housing was increased. In North Carolina, particularly in the rural areas, providing low barrier shelters in some of these communities has presented a challenge.

Coordinated Entry

Coordinated entry is an important process through which people experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs assessed, and quickly connect to appropriate mainstream services in the community. The assessment provides the ability to gain access to the best options that address their needs. Coordinated entry provides individuals with a choice, rather than being evaluated for a single program within the system.

Coordinated entry changes the CoC from a project-focused system to a personal-focused system, by asking that communities prioritize people who are most in need. Ultimately, coordinated entry transforms a CoC from a network of projects into a fully-integrated crisis response system. The data that Coordinated Entry provides can be used for future planning and allocation of resources.

Effective January 2018, HUD required that projects operated by recipients and sub-recipients must participate in the establishment of a coordinated entry process. In North Carolina, we see that most sub-recipients are taking part in or establishing a Coordinated Entry system. The ESG program staff are assisting sub-recipients in this implementation with the provision of information and technical support. While coordinated entry is not implemented in some areas the ESG office continues to monitor for compliance and is ready to aid where needed. The ESG office has also provided subject matter presenters at its statewide conference as well as training via webinars.

NCCARE360

There is growing recognition that better coordination and investment in the non-medical drivers of health, like access to healthy food, safe and affordable housing and well-paying jobs, can improve health and decrease health care costs. However, people face a fragmented system of health and human services that can be hard to navigate. Providers often operate in siloes, are disconnected and have no meaningful way of coordinating services for local residents. NCCARE360 is a collaborative solution to this problem.

NCCARE360 is the first statewide coordinated care network that will serve as core infrastructure for North Carolina as it moves to whole-person health. Through NCCARE360, community partners will have access to a robust statewide resource data repository that will include a call center with dedicated navigators and a shared technology platform that enables health care and human service providers to send and receive secure electronic referrals, seamlessly communicate in real-time, securely share client information, and track outcomes. This solution ensures accountability around services delivered, provides a "no wrong door" approach, and closes the loop on every referral made, and reports on outcomes of that connection.

Rapid Re-housing

Rapid re-housing is an intervention, informed by a Housing First approach, that is a critical part of a community's effective homeless crisis response system. Rapid re-housing connects families and individuals experiencing homelessness to permanent housing, through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid re-housing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing, while reducing the amount of time they experience homelessness, avoid a near-term return to homelessness, and linking community resources that enable them to achieve housing stability in the long-term. Rapid re-housing is an important component of a community's response to homelessness. A fundamental goal of rapid rehousing is to reduce the amount of time a person is homeless.

Permanent Supportive Housing

Permanent supportive housing is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills, and connect people with community-based health care, treatment and employment services.

In addition to ending a person's homelessness and increasing their housing stability, permanent supportive housing has been shown to improve health and well-being.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

SSI/SSDI Outreach, Access, and Recovery (SOAR) SSI/SSDI Outreach, Access, and Recovery is a national program that assists eligible adults who are homeless or at risk of homelessness to apply for SSI/SSDI disability benefits. The program was created to help address the low benefit approval rates for people experiencing homelessness. In 2017, the approval rate for cases done through SOAR was over four times higher than cases completed outside of SOAR.

The SOAR program provides training to caseworkers, who in turn work directly with clients to prepare and submit SSI/SSDI disability applications. Here, the North Carolina Coalition to End Homelessness (NCCEH) provides SOAR caseworker training, supports SOAR-trained caseworkers and tracks the outcomes of their SOAR cases.

North Carolina has been a SOAR state since 2007. With more than 500 caseworkers trained through NC SOAR and 28 dedicated SOAR caseworker positions in our state, we are seeing results. NCCEH collects outcomes from North Carolina SOAR caseworkers to track the results of the applications they submit. In 2017, applications for Social Security benefits submitted by SOAR caseworkers had a greater than 75 percent acceptance rate.

Back@Home North Carolina

Back@Home NC is a rapid rehousing intervention, created following Hurricane Florence, that is a critical part of the State's disaster response. By connecting displaced disaster survivors to resources and services, Back@Home seeks to prevent homelessness and create stability and long-term self-sufficiency.

The first phase of Back@Home focused on individuals and families located in disaster shelters that did not have a safe and stable housing plan to leave the shelter and were not eligible for other programs (e.g. FEMA Individual Assistance).

In its second phase, Back@Home served individuals and families from one of the 28-disaster impacted counties that were displaced by Hurricane Florence but not originally identified in the disaster shelter. In addition, individuals or families must meet minimum eligibility requirements including being very low income (at or below 50% AMI) and precariously housed or literally homeless with no clear path to housing.

Back@Home is administered by the Department of Health and Human Services (DHHS) in collaboration with the North Carolina Housing Finance Agency (NCHFA), the North Carolina Coalition to End Homelessness (NCCEH) and local service providers identified as Re-housing

Agencies. Initial funding for Back@Home came from Governor Cooper and the NC Disaster Assistance Fund with additional funding from the NC General Assembly.

Healthy Opportunities Pilots

All North Carolinians should have the opportunity for health. Health begins long before we need medical care, but our healthcare system is not designed to address the primary drivers of health.

While access to high-quality medical care is critical, research shows that up to 80% of a person's health is determined by social, environmental and behaviors factors. Research shows that having an unmet resource need - including experiencing housing instability, food insecurity, unmet transportation needs, and interpersonal violence or toxic stress - can significantly and negatively impact health and well-being, as well as increase health care utilization and costs. As North Carolina's Medicaid program seeks to create a health care system that truly rewards value and address whole-person health, North Carolina will implement the Healthy Opportunities Pilots, a groundbreaking program in select regions to pilot evidence-based interventions addressing issues like housing instability, transportation insecurity, food security, and interpersonal violence and toxic stress.

Over the next five years, the Pilots will provide up to $650 million in Medicaid funding to cover the cost of select Pilot services related to housing, food, transportation and interpersonal safety that directly impact the health outcomes and health care costs of enrollees in two to four geographic areas of the state.

ICCHP Recommendations

Having reviewed substantial information about the risk of becoming homeless and the needs of the existing homeless population, barriers to supportive services, gaps in service array, and successes with evidence-based practices and several promising practices, the ICCHP respectfully submits following recommendations. The future work of the ICCHP will continue to build upon its initial research, analysis, and recommendations with the focus on building capacity in the homeless services delivery system to eliminate barriers to contributing the homelessness and encouraging the development of affordable and accessible housing stock and the supportive services necessary to support North Carolina's families and individuals maintain permanent housing.

1. Determine an effective system to support and sources of funding to increase supportive services for formerly homeless households living in permanent housing

   Rationale: There is a need to continue to support existing work with an eye toward expanding activities that both increase access to existing housing and expand the stock of affordable housing to continue the downward trend established in North Carolina. Many tenants are assisted on the rental side by short-term subsidies or longer-term housing vouchers funded through federal, state and local resources, but are not sufficiently assisted with supportive services, such as case management, behavioral health and mental health services, and employment access. Without these resources,

housing stability is threatened for the tenant. The challenge is emerging in settings across the state, including the properties participating in the Olmstead settlement, which requires the state to provide less restrictive housing options than adult care homes for those with severe and persistent mental illness. In this case, supportive services are mandated, and funding provided, but the property owners report the need for a more comprehensive and coordinated service delivery system.

2. Funding for workforce development in tenancy support services

Rationale: While the field has identified promising practices in providing tenancy support services to support households in maintaining their tenancy, North Carolina lacks staff capacity across the state in providing these services. Funding should be allocated to help develop and implement a curriculum that supports agencies in implementing successful services. Furthermore, the state should look at current community college curriculums in case management to see how these promising practices can be included.

3. Use Medicaid Funding to Provide Tenancy Support Services for Vulnerable Populations

Rationale: Experiencing homelessness negatively impacts people's health by increasing chronic stress, reducing access to care and treatment, and exposing people to communicable diseases. Vulnerable populations, such as the aged, blind, disabled and children, should be moved into housing as quickly as possible and provided services to ensure that their housing and healthcare are stabilized. Tenancy support services assist households with maintaining housing and connecting them to mainstream service systems and healthcare. These services should be supported by Medicaid funds that are written into the State's Medicaid Plan so they are available to children, the elderly, and a disability-neutral population who needs them.

As noted, NC will be able to leverage Medicaid funds to help address housing needs through the Healthy Opportunities pilots starting in 2020.

4. Create flexible funding to supplement housing and related supports for veterans experiencing homelessness. Secure funding for coordinator that specifically works to ending veteran homelessness.

Rationale: Operation HOME, the Task Force to End Veteran Homelessness in North Carolina, has demonstrated success helping to support and coordinate the delivery of services and housing for veterans experiencing homelessness. From 2011 through 2018, veteran homelessness decreased 31 percent in North Carolina. However, for the downward trend to continue, state resources are needed for veterans not eligible for short-term rental assistance, and the long-term vouchers provided through the VA. The veterans with complex service needs continue to languish both in sheltered and unsheltered situations. Funding is also needed for a statewide coordinator who can continue to lead and implement the strategies of Operation HOME.

5. Streamline Transitions to Community Living Initiative Referrals

Rationale: All homeless systems in North Carolina should be trained in how to identify people who may be eligible for the Transitions to Community Living Initiative program and refer them through the RSVP system. NC DHHS should work with each Continuum of Care and their local LME/MCO to ensure that this referral system is established and that households move quickly through the process.

6. Encourage Public Housing Authorities to create preferences in public housing and set-aside Housing Choice Vouchers for those experiencing homelessness

Rationale: Local Public Housing Authorities (PHAs) are authorized by HUD to establish local preferences regarding access to public housing and Housing Choice Vouchers (HCV). Preferences can include those households experiencing homelessness. Asheville and Durham represent two PHAs who have established homeless preferences and been able to significantly reduce the homeless population in those areas. Lacking a statewide PHA to encourage and support the practice, the Housing Committee seeks encouragement and support for this practice from the Governor's Office and the General Assembly of North Carolina.

7. Expand access to housing through landlord incentives and mitigation projects with a special consideration of how such incentives might help improve access in rural areas

Rationale: As housing costs increase across North Carolina, at the same time we see increases in wages and more attention being paid to landlord engagement activities, including risk mitigation and landlord incentive funds. The NC Housing Finance Agency (NCHFA) currently offers mitigation to HFA-funded property owners who might experience extensive damage to apartments or excessive eviction costs. NCHFA has also partnered with the NCCEH and the North Carolina Department of Military and Veteran Affairs to operate a pilot risk mitigation and incentive project called the Landlord Incentive Pilot Program in four North Carolina localities. Early results indicate that mitigation is a good tool for recruiting landlords providing rental housing to households exiting from homelessness. The pilot is also showing indications that the most effective tools might be landlord incentives, such as administrative or bonus payments, and the creation of landlord hotlines to provide landlords and property managers skilled support to help solve tenant problems and challenges. Additionally, various mental health service providers have expressed interest in supporting landlord incentive activities, which could potentially pair well with a statewide program offering mitigation and incentive supports under the overall banner of Housing Stabilization.

8. Funding for the ICCHP to train and support homeless services providers in implementing promising practices

Rationale: To ensure low barriers programming and accessible quality services across North Carolina, funding is needed to provide training and support in coordinated entry, lowering barriers to shelter, and practicing Housing First. Previously, the ICCHP had funding to support this type of training and workforce development. Funding for the

committee should be restored to support communities in obtaining the skills and knowledge needed to end homelessness.

9. Create a strategic plan to prevent and end homelessness

Rationale: The committee recommends a study be commissioned that identifies issues related to homelessness in rural communities in North Carolina and develops a plan to address this issue. ICCHP agrees that committee research of other areas related to housing and homelessness must be conducted in successive years and build upon initial recommendations. These include construction of new units targeting those living at or below 30 percent of the area median income, amendments to regulations and funding streams to support and allow the development of micro-housing (tiny homes) for veterans and the general population experiencing homelessness, master-leasing models, and encouraging investments with the intention to generate positive, measurable social and environmental impacts, alongside a return on investment.