Homeless Committee Meeting Minutes
Tuesday, February 3, 2022 – 1:00 p.m.
Cumberland County Department of Social Services
117 Dick Street, Room 564, Fayetteville, NC

COMMITTEE MEMBER ATTENDEES

Courtney Banks-McLaughlin, Council Member, City of Fayetteville
Michael Boose, Board Commissioner, County of Cumberland
Debbie Brown, Chair, Fayetteville / Cumberland County Continuum of Care on Homelessness
Chris Cauley, Director, Fayetteville Economic & Community Development Department
Dr. Marvin Connelly, Superintendent (and designee Pamela Story, Social Work Coordinator-Homeless Liaison), Cumberland County Schools
Tawana Dawkins, Data & Evaluation Analyst, Cumberland County Community Development Department
Tracy Jackson, Assistant County Manager, County of Cumberland
Sally Shutt, Assistant County Manager (Governmental Affairs), County of Cumberland
Dr. Toni Stewart, Board Commissioner, County of Cumberland
Dee Taylor, Director, Cumberland County Community Development Department
Dr. Telly Whitfield, Assistant City Manager, City of Fayetteville
Susan Williams, Board Member, Cumberland County Schools
Larry Wright, City Council Member, City of Fayetteville

OTHER ATTENDEES

Cindy Crain, OrgCode Consulting, Inc. (Virtual)
Other attendees included staff from both the City and County and various stakeholders in the community.

REGRETS

None.

AGENDA

- Call to Order
- Approval of the Minutes
- Charter for the Homeless Committee (Draft #2)
- Establish Committee Officers
- Proposed Homeless Day Center
- Proposed Homeless Shelter
- Homeless Strategic Plan
- Community Programs and Continuum of Care Update
- Other Items of Business
- Next Meeting
- Adjourn

	TOPIC	DISCUSSIOIN / PROPOSED ACTION
1	Call to Order	Tracy Jackson called the meeting to order at 1:02 p.m.
2	Approval of the Minutes	Councilman Wright motioned to accept the minutes from the November 4, 2021 meeting. Sally Shutt seconded. The motion was approved unanimously.
3	Charter for the Homeless Committee (Draft #2)	Dr. Connelly suggested the title of the Homeless Advisory Committee (HAC) include Cumberland County or Fayetteville. Tracy Jackson read the purpose of the Committee that was outlined in the Charter. The background and main sections were reviewed. Mr. Jackson also explained how the Committee came up with the draft. Commissioner Boose indicated the Committee should get more focus on ending homeless but not just monitoring. Councilman Wright indicated that we may never end homelessness, but we can set a goal of getting a percentage of homelessness off the street. The Committee should set a goal that would impact homelessness. Dr. Connelly suggested including the ultimate goal of the Committee is to eradicate homelessness and under item #7, include how we want to achieve it. Councilman Wright motioned to accept the Charter with the suggested changes. Commissioner Boose seconded. The motion was approved unanimously.
4	Establish Committee Officers	Dr. Telly Whitfield stated it was suggested HAC be chaired by the County since the City / County Liaison is chaired by the City. Councilman Wright asked if HAC need to take this back to the Liaison Committee. Dr. Whitfield stated HAC is responsible for reporting to the Liaison Committee. HAC would meet prior to the Liaison Committee meeting so we (HAC) had an opportunity to get on the agenda. We have an advisory component on some of the resources we have pertaining to homelessness. Councilman Wright stated that we do not want to have a lot of overlap and delays in decisions. We want it to be able to flow so once we present something to the Liaison Committee, they are able to make a decision. Ultimately it is the

		homeless people out in the street that are suffering. The faster we get policies and resources, the faster we can bring relief to the homeless.
		Commissioner Stewart stated for transparency, she is the Vice-Chair of the Liaison Committee.
		Commissioner Boose nominated Commissioner Stewart for Chair of the Homeless Advisory Committee. Councilwoman Banks-McLaughlin seconded. The motion was approved unanimously.
		Councilwoman Banks-McLaughlin nominated herself for Vice Chair of the Homeless Advisory Committee. Commissioner Stewart seconded. The motion was approved unanimously.
5	**Proposed Homeless Day Resource Center**	Chris Cauley provided an update on the status of the Homeless Day Center. He indicated the City was close to completing the design. The City is expecting to put out the bid for construction within the next 12 months. In the meantime, the City will be looking for partners to run the day center. He has received some interests from the community.
		Councilwoman Banks-McLaughlin asked for the date for completion. Mr. Cauley stated construction will be 12 months and they are looking at April or May of next year to going on live.
		Mr. Cauley indicated the City is looking at the model of Oak City Cares. The City is looking for partners that can provide resources. The City is expecting to put the Request for Qualifications (RFQ) out within the next couple of months. Right now, the priority is the construction.
		Councilman Wright asked if meals will be served. Mr. Cauley indicated yes, but primary goal is to provide resources to the homeless in the community.
		Councilwoman Banks-McLaughlin asked about services. How can persons be contacted? Mr. Cauley stated the center will be designed to have examination rooms and dental equipment. The City is also looking for social service providers and nonprofits. They are also talking to Cape Fear Valley Hospital. If anyone is interested in providing those services can call the City at 433-1590. The RFQ will seek agency capacity. The City is looking for partners that would bring the additional leverage to the table.
		Councilman Wright asked if we have looked at people not homeless but living in poverty. Have we thought about where those two (Pathways4Property and day center) meet but have we thought about how the day center can serve the poor?
		Mr. Cauley stated resources will be provided to those who are homeless and those who may become homeless. They are hoping to give partners a co-located place to provide resources.

Councilman Wright asked if our homeless population is increasing.

Dialogue continued between the Committee members and attendees seated in the gallery related to:

- bussing homelessness to their home states and connecting them with their families;
- Hope Center has 21-22 beds during normal periods but decreased to 10-11 beds during the COVID pandemic;
- Hotline and 24/7 access: the Coordinated Entry system is not 24/7 but the CoC is revisiting ways to bring back 2-1-1. The CoC realizes 24/7 access is needed;
- Police officers can pick up homeless persons and take them to the Salvation Army. The shelter has about 33 (unduplicated) individuals per month. If the shelter is full, the Salvation Army will set up the gym. 9-1-1 is on board and they know what to do;
- Homeless persons with substance use: most programs in the CoC are housing first low barrier. Some may not be admitted if safety is a concern. Sex offenders may not be allowed because of children being in the shelter. Otherwise, even those with felonies are admitted into the shelter as long as they do not potentially harm others;
- Dream Center / Hope Center will take someone with serious criminal offense. It is for men only. There are very little resources for families without children.

Commissioner Stewart indicated there are challenges for families with older children.

Councilman Wright stated we need to do better by providing safe housing. Sex offenders are human beings. They chose that but we cannot let them die.

Councilwoman Banks-McLaughlin stated there is a shortage for women and sex offenders. She asked if the City and County have extra buildings that can allow organizations to house those individuals until the shelter and day center are built. They are turned away because we do not have enough shelter.

Commissioner Boose stated we cannot do anything about those who are homeless by choice. We need to develop our own definition. The easiest ones are those that want to improve their economic status. The better we do and it gets reported, the more that will come. We need to identify who are homeless by choice, economic, substance use, and have mental health disorders.

Dr. Connelly asked if Ms. Story have contact with organizations to address children.

Dee Taylor stated organizations that serve families with children regularly coordinates with Ms. Story.

Ms. Story indicated that if the families are in a hotel or motel, then they are homeless, under the school's definition.

		Debbie Brown stated the Salvation Army is currently looking for a site where they can have everything housed in one area. They are looking to provide 200 shelter beds. There are processes in place for housing, navigation, through the coordinated entry system. Individuals are assessed based on their acuity level.
6	**Homeless Strategic Plan**	Cindy Crain provided an overview of the Homelessness Strategic Plan and how we came to this point. She stated progress is already being made as it relates to the Day Resource Center and permanent housing. We know there has to be bridge. Since August key voices, which includes the CoC, City, and County have been providing input. A gap analysis was developed. Based on the gap analysis report and input from key stakeholders, the Homelessness Strategic Plan outlines four major impact areas: • Access to assistance: The front door of the homeless response system is sufficiently resourced, staffed and coordinated to provide a person-centered housing focused approach to serve all people who are at risk of and experiencing homelessness; • Permanent housing: People should have access to safe, affordable housing solutions. Our housing first approach recognizes barriers to housing and provides quality housing-based case management that results in long term housing stability; • Wellness & opportunity: Creating connections to supportive services and social networks addressing the employment, income, physical, mental spiritual needs of households to facilitate successful return to community and self sufficiency; • Community investment: Community partnerships are essential to leverage and grow the funding, resources, leadership and advocacy necessary to achieve the vision and mission of the Homelessness Strategic Plan. Next steps include updates to progress on objectives and action items, agree to proposed work plan, and define implementation leadership. Councilman Wright asked how does homelessness affect children in the school system and their ability to learn? Ms. Crain referred to the question since she was not a primary source. She indicated that there are significant requirements within HUD for interaction and expertise. As it relates to child development, they have tendency to miss class. From the homeless response system planning, the benefit with housing focus is to reduce the length of stay (in shelters), that is why we see rapid rehousing programs. Pamela Story stated that all of the school staff are trained at the beginning of school year. The school system is trauma informed. Children are traumatized. The school staff do not tell the children they are homeless, and the children do not tell them they are homeless. The children are missing school. They are invisible because they are not easily identifiable. Staff are trained to identify homeless children. Children are behind but many do succeed. Dr. Connelly mentioned that Ms. Story received a national award.

		Dr. Connelly indicated that research lets us know that children are going through homelessness and it does impact their learning. As Ms. Story indicated, the system is there to provide wrap around services to ensure they are whole.
5	**Community Programs and Continuum of Care Update**	Debbie Brown provided an update of accomplishments from the Fayetteville / Cumberland County Continuum of Care (CoC) on Homelessness. The CoC has established new committees, updated the action plan to hold the Committees accountable, and bringing more members to the table. Accountability is the theme. The CoC is encouraging a Moving On strategy and finding employers. The CoC submitted project applications to the US Department of Housing and Urban Development (HUD) in response to the FY2021 Notice of Funding Opportunity (NOFO). The proposed projects submitted include: • Coordinated Entry (Cumberland HealthNET): $55,468 • Bonanza Permanent Supportive Housing (Endeavors): $103,992 • Leath Commons Permanent Supportive Housing (Family Promise – formerly Cumberland Interfaith Hospitality Network): $143,522 • Promise Permanent Supportive Housing (Family Promise – formerly Cumberland Interfaith Hospitality Network): $230,153 • Safe Homes for New Beginnings Permanent Supportive Housing (Cumberland County): $60,908 • Robin's Meadow Transitional Housing (Cumberland County): $85,817 • Reveille Retreat Permanent Supportive Housing (Endeavors): $38,823 • Supportive Housing Solutions (Loving Hands International): $38,000 • My Sister's Keeper (Life Matters Centers for Hope, Health, and Healing): $106,673 • NC-511 CoC Planning (Cumberland County): $22,820 The CoC also submitted proposed project applications in response to the State's FY2021 Emergency Solutions Grant (ESG) Request for Applications (RFA). The projects included: • Care Center Family Violence Program - Shelter (Department of Social Services): $26,700 • The Pathway of Hope Emergency Shelter (Salvation Army): $50,737 • Homeless Prevention (Fayetteville Urban Ministry): $53,294 Ms. Brown indicated she have noticed in the past months one common thread and that is (lack of) affordable housing. Ms. Brown provided the Fair Market Rents (FMR) and the Area Median Income published by rentdata.org. Councilwoman Stewart asked if there is a waitlist. Dee Taylor stated there is for many of the places and as Ms. Brown mentioned that many cannot move on from the permanent supportive housing programs because of the lack of affordable permanent housing in the community. Many of the residents in these programs cannot afford market rate rents.

			Ms. Story indicated the school system is trying to get funds for transportation. They contract with private contractors.
			Councilman Wright stated we have a larger problem in our country as it relates to ratio of blacks. Our country is hurting. We are talking about generational homelessness, generational poverty. Emotionally they (children) are impacted which can stem into a psychological problem where children may not reach their full potential.
			Commissioner Stewart stated until we deal with the whole child, then nothing will change. We got to deal with the whole child.
6	Other items for Discussion		None.
7	Next Meeting		The committee agreed to hold the next meeting March 8, 2022 (Tuesday) at 1:00 p.m. at the Cumberland County Department of Social Services.
8	Adjournment		

Documents Distributed During the Meeting:

- Agenda for February 3, 2022 HAC Meeting
- Minutes from November 4, 2021 HAC Meeting
- HAC Charter (Draft 2)
- Fayetteville/Cumberland County Homelessness Strategic Plan, Gap Analysis Report, and Proposed Work Plan
- Homeless Definition (HUD)
- Federal / State Funded Programs Serving Households Experiencing Homelessness or At-Risk

Homeless Advisory Committee Charter

The name of this organization shall be the Homeless Advisory Committee ~~(HAC)~~

Inter-local agreement signed by Fayetteville City Council on June 26, 2017 and

Cumberland County on October 16, 2017 (Attachment 1)

Committee Purpose:

The Homeless Advisory Committee (the "Committee") has been established to support policy direction on issues that address persons experiencing homelessness and those at risk of becoming homeless. It also shall monitor and review data and trends from the Homeless Management Information System (HMIS), provide recommendations about homeless programs and services, review other data related to homelessness, and communicate information to the respective governing boards and broader community.

Guiding Principles:

The following principles will be used to guide Committee governance:

1. Remain mindful of the purpose of the Committee while governing its implementation
2. Represent and seek to meet the needs of all Committee stakeholders while sharing responsibility and authority
3. Make governance and budgeting decisions cooperatively with input from a variety of stakeholders.
4. Review and openly discuss governance and budgets at least semi-annually
5. Involve stakeholders to ensure sufficient resources so Committee can best meet the requirements of both service providers and policy makers
6. Make decisions inclusively and with transparency
7. Seek simplicity in any proposed changes to the Committee
8. Ensure that progress is not slowed by undue delays and process
9. Ensure stakeholders can participate in decisions impacting obligations and performance

Responsibilities:

The Committee will carry out the following responsibilities:

- Regularly provide reports to the Fayetteville-Cumberland Liaison Committee
- Conduct research and investigation into issues about homelessness including causes and effects within Fayetteville and Cumberland County
- Recommend resources for prevention and intervention programs and services
- Act as a clearinghouse for information on local homelessness issues
- Promote communication to broader community to encourage greater advocacy

11/16/21

- Assure maintenance and ongoing funding of the Data & Evaluation Analyst position and HMIS

Membership:

The Committee will consist of:

- (2) City Council Members (Voting)
- (2) Cumberland County Commissioner Members (Voting)
- (1) Cumberland County School Board Member (Voting)
- The Cumberland County Schools Superintendent or designee (Ex-Officio)
- Chairman of the Fayetteville-Cumberland County Continuum of Care (COC) (Voting)
- Assistant City Manager (Ex-Officio)
- Assistant County Manager (Ex-Officio)
- City Economic Community Development Director (Ex-Officio)
- County Community Development Director (Ex-Officio)
- Government Affairs Officer (Ex-Officio)
- Data & Evaluation Analyst (Ex-Officio)

Terms of Membership:

1. Elected officials are appointed by their respective governing bodies and shall serve until replaced
2. If a vacancy occurs, the respective governing body shall appoint a replacement on the Committee prior to the expiration of a term
3. Any Committee member who loses his or her affiliation may continue to until a successor is named
4. The position of Chair will rotate between the City and County on alternating years; the position of Chair and Vice-Chair will not be held by the same governing body during any term

Roles:

Chair (City or County Elected)
- To call and preside over all meetings of the HAC Committee
- To set agendas for all Committee meetings
- To declare a quorum
- To rule on the validity of the vote in any question before the board
- To rule on points and procedures
- Other duties as expedient

Vice Chair (City or County Elected)
- To exercise powers and duties of the Chair in the absence of the chair
- To preside over the Committee in event that the Chair is disqualified for any reason from participating in consideration of a question before the Committee
- To perform other duties as assigned

Secretary (Staff-Support Function)
- To keep full and accurate minutes of all board meetings and submit said minutes for approval by the board not later than the next regular meeting after minutes are taken
- To notify board members of regular or special meetings
- To record reports of committees
- To act as custodian of documents for the board
- To perform other duties as necessary

Meetings:

The Committee shall meet via teleconference as needed but shall normally meet in-person. The Committee may act upon the vote of its members via telecommunications equipment, where, in accordance with Committee Bylaws, all parties participating in the meeting can hear each other at the same time. All committee members are expected to attend each meeting. The committee can request members of management, auditors, or others to attend meetings and provide pertinent information, as necessary. Meeting agendas will be prepared and provided in advance to members, along with appropriate briefing materials. Minutes will be prepared.

A. Regular Meetings: In accordance with the North Carolina Open Meeting Law, the Homeless Advisory Committee of the City of Fayetteville and Cumberland County hereby resolve that it will hold its regular meetings on the ~~second Tuesday of each month at 1PM~~ (example – need to determine).
B. Special Meetings may be called by the Chairman or by two-thirds of the Committee voting members. Special meetings may be called by notifying the secretary/staff of the date, time, place, and purpose of the meeting. Special meetings shall be limited to the purpose for which they are called.
C. Notice of all meetings shall be in writing to each member at such address (including e-mail address), or place as he or she shall designate. Ten days' notice is required for regular meetings. Three days' notice is required for special meetings.
D. Quorum shall be a majority of the voting members present at any meeting of the Committee. The minimum number of members must be present for a quorum to be maintained.

CITY OF FAYETTEVILLE/COUNTY OF CUMBERLAND
HOMELESS ADVISORY COMMITTEE CHARTER

_____

[Name]
Committee Chair

_____

[Name]
Committee Vice-Chair

Approved this _____ day of _____ 2021

11/16/21

CUMBERLAND COUNTY
NORTH CAROLINA

2021-2024
HOMELESSNESS
STRATEGIC PLAN

A three-year community plan to make homelessness a rare,
brief, and one-time experience in Cumberland County.

June 30, 2021

Background

In the spring of 2021, Cumberland County Community Development Department, serving as the collaborative applicant representing the Fayetteville / Cumberland County Continuum of Care (CoC), set out to work with the community, homeless service providers, persons experiencing homelessness and county leadership to develop a strategic plan to advance local efforts to effectively address the needs of people experiencing homelessness. Facilitated by the consulting firm, OrgCode Consulting, the plan development began with conducting surveys, analyzing data, and conducting multiple group and one-on-one interviews with key stakeholders to prepare a Gaps Analysis of Homeless Services. This report laid the foundation for a three day retreat with leaders, service providers, and persons with lived experience in homelessness to draft the Three Year Homelessness Strategic Plan. The plan lays out the strategic objectives and action steps over four impact areas or the period of July 1, 2021, through June 30, 2024.

Anatomy of the Plan

Impact Areas: These are prioritized categories of need observed by leaders, providers and the community that require specific policy change, procedural optimization and increased attention and investment in order to accomplish the mission and realize the collective vision for the homeless response system effectively and efficiently.

Objectives: Specific transformations needed by the systems of care impacting households experiencing homelessness within the impact area essential to realize meaningful change.

Leading Voices: These organizations with their expertise, experience, and knowledge of resources, needs and experiences of people at risk of and experiencing homelessness. They can speak to the purpose of strategic objectives and actions. Leading voices can be tapped in shaping policy, procedures, initiatives and guiding change.

Action Steps: Representing the work that needs to be completed by leaders, providers, and the community in order to create the transformation envisioned through the stated strategic objective.

2021-2024 Homelessness Strategic Plan

Our Vision

Our system of care will meet the needs of all people at risk of and experiencing homelessness through a collaborative process anchored by our shared vision and priorities and supported by an innovative housing focused service delivery approach that is holistic, trauma informed, and culturally competent.

Our Mission

To make homelessness a rare, brief, and one-time experience in Cumberland County.

Impact Areas

ACCESS TO ASSISTANCE	PERMANENT HOUSING	WELLNESS & OPPORTUNITY	COMMUNITY INVESTMENT
The front door of the homeless response system is sufficiently resourced, staffed and coordinated to provide a person centered housing focused approach to serve all people who are at risk of and experiencing homelessness.	People should have access to safe, affordable housing solutions. Our housing first approach recognizes barriers to housing and provides quality housing-based case management that results in long term housing stability.	Creating connections to supportive services and social networks addressing the employment, income, physical, mental, and spiritual needs of households to facilitate successful return to community and self-sufficiency.	Community partnerships are essential to leverage and grow the funding, resources, leadership, and advocacy necessary to achieve the vision and mission of the Homelessness Strategic Plan.

ACCESS TO ASSISTANCE

The front door of the homeless response system is sufficiently resourced, staffed and coordinated to provide a person centered, housing focused approach to serve all people who are at risk of and experiencing homelessness.

ACCESS TO ASSISTANCE Strategic Objectives & Action Steps	Leading Voices
Objective 1: Bring the Coordinated Entry System to scale to meet access, assessment, prioritization, and housing referral needs.	**Cumberland HealthNet, CoC, Cumberland County Community Development**
Action Steps:	
1.1 Conduct an analysis of the Coordinated Entry System to understand the level and number of resources needed to improve the capacity, efficiency and coordination with street outreach, emergency shelter, transitional housing, and permanent housing providers.	
1.2 Develop a Coordinated Entry System marketing strategy to create community awareness of its purpose, access methods and services provided.	
1.3 Improve participation in the By-Name match and referral meetings by representatives of homeless services and housing providers. Update the Coordinated Entry System policies and procedures clarifying accountability for programs funded through Continuum of Care and Emergency Solutions Grant (ESG) sources.	
Objective 2: Develop the Day Resource Center.	**City of Fayetteville, Cumberland County, CoC**
Action Steps:	

2.1 Finalize the business plan for development, start-up, operations, and ongoing public/private funding, for the Day Resource Center.	
2.2 Develop a holistic, trauma informed supportive services model that will include coordinated access to housing navigation, employment, and health care resources.	
2.3 Develop an interim supportive services coordination model to pilot centralized access to housing navigation, employment, and health care resources during development of the Day Resource Center.	
Objective 3: Increase the inventory of year-round emergency shelter beds	**City of Fayetteville, Cumberland County, CoC , The Salvation Army**
Action Steps:	
3.1 Reactivate the 21 emergency shelter beds at the Hope Center for individual adult men who represent the majority of unsheltered homeless. Secure funding for an agency to take over operations. Increase capacity of providers to create new job opportunities (outside of volunteer only).	
3.2 Increase low-barrier, professionally staffed, housing focused emergency shelter beds through both existing providers and creating new partnerships.	
3.3 Ensure that all people staying in emergency shelter are provided access to housing resources, navigators, and case management.	
Objective 4: Increase the number and effectiveness of housing navigators and case management services at the front door of the homeless response system.	**CoC, Cumberland County Community Development, Street Outreach and Shelter Providers, Cumberland HealthNet**
Action Steps:	
4.1 Create formal partnership agreements with faith community homeless services providers to enhance case management services.	
4.2 Expand the Homeless Management Information System (HMIS) user pool and data sharing protocols, to facilitate coordination of services between case managers, providers, and the Coordinated Entry System.	
4.3 Expedite the procurement of critical documents to address shelter access, benefits, employment, and housing requirements.	

4.4 Develop a real-time inventory of shelter and housing resources readily available to both providers and shelter stayers.	
Objective 5: Provide homeless prevention and shelter diversion programs to people at imminent risk of homelessness.	**CoC, Cumberland County Community Development**
Action Steps:	
5.1 Educate community and providers regarding a unified definition of homelessness to improve proper referrals to prevention and diversion services.	
5.2 Secure homeless prevention and diversion training, including learning best practices models to improve the provision of services more effectively and efficiently.	
5.3 Strengthen partnerships with supportive service providers to expand prevention and diversion resources and problem-solving solutions and options	
Objective 6: Create housing – focused street outreach programs to provide direct services to people experiencing unsheltered homelessness.	**The Salvation Army, CommuniCare-PATH, Fayetteville Area Operation Inasmuch, Dream Center**
6.1 Create Street outreach coordination committee between street outreach providers, law enforcement, and team members from the Projects for Assistance in Transition from Homelessness (PATH) program.	
6.2 Formalize coordination between institutional providers (medical and mental health providers, and re-entry) and Coordinated Entry.	
6.3 Strengthen the coordination between street outreach and the Coordinated Entry System to facilitate transitions from unsheltered homelessness to housing.	

PERMANENT HOUSING

People should have access to safe, affordable housing solutions. Our housing first approach recognizes barriers to housing and provides quality housing-based case management that results in long term housing stability.

PERMANENT HOUSING Strategic Objectives & Action Steps	Leading Voices
Objective 1: Increase the supply of affordable housing for extremely low and very low-income households.	**Cumberland County Community Dev., Fayetteville Economic and Community Dev., CoC, Public Housing Authority**
Action Steps:	
1.1 Prepare and apply for the HUD Continuum of Care Program Grant new permanent supportive housing project bonus for chronically homeless following a recovery-oriented, harm reduction housing model.	
1.2 Develop pathways to senior housing and assisted living for aging and disabled households.	
1.3 Develop additional units of tenant based rental assistance through federal HOME TBRA housing programs with City of Fayetteville/Cumberland County to provide both flexible one-time financial assistance and long term rental assistance up to 24 months.	
1.4 Utilize City and County CDBG and HOME resources to develop new housing units for special populations targeting households with extremely low income (household incomes that are less than 30% of the Area Median Income)	
1.5 Develop a *moving – on* strategy to successfully exit people from permanent supportive housing and freeing up housing opportunities for chronic homeless and recognizing that many will be households on a	

permanent fixed income and need to transition to affordable subsidized housing.	
1.6 Maintain a master inventory of all Continuum of Care, ESG, and other affordable, disabled, aging, group, boarding housing, and other resources.	
1.7 Pursue housing development opportunities with the North Carolina Housing Finance Agency (NCHFA) and North Carolina Office of Recovery and Resiliency (NCORR) resources.	
1.8 Build the capacity of alternative housing settings such as local group and boarding homes to meet housing quality standards and improve supportive services.	
Objective 2: Strengthen the partnerships between the Fayetteville Metropolitan Housing Authority (FMHA) to develop housing opportunities.	**City of Fayetteville, Cumberland County, FMHA, CoC**
Action Steps:	
2.1 Encourage the public housing authority to dedicate units for "homeless preference" within their agency plan.	
2.2 Improve application processes for the FMHA housing opportunities and create dedicated personnel within the homeless response system to assist clients with application preparation and documentation collection.	
2.3 Dedicate personnel (1.0) to complete FMHA housing applications on the COC side.	
Objective 3: Provide quality housing-based case management to support housing stability and self-sufficiency of program participants and to improve exits to permanent housing.	**Cumberland County Community Development, CoC**
Action Steps:	
3.1 Provide ongoing Excellence in Housing Based Case Management and other evidenced best practices training opportunities for housing providers.	
3.2 Create a learning collaborative among housing providers and case management staff to build capacity among providers.	
3.3 Build system capacity of housing navigators to assist in housing searches, housing placement, lease up and move in for private, subsidized, specialized and alternative housing solutions.	
Objective 4: Develop tenancy support programs that assist households in obtaining and maintaining housing stability and self-sufficiency.	**Faith-based Organizations, CoC,**

	Permanent Supportive Housing Providers
Action Steps:	
4.1 Certify local trainers in the ReadytoRent.org curriculum and provide regular training to clients at all stages of the housing process including after moving in to improve success in tenancy.	
4.2 Develop a resource guide for housing navigators, case managers and service providers to assist newly housed clients to access housing needs such as furniture, start-up kits, transportation, childcare, and other housing necessities.	
4.4 Provide follow-up support protocols for households who have recently exited permanent housing programs to reinforce housing stability.	
Objective 5: Develop a landlord engagement program to expand housing opportunities for households with vouchers, improve tenancy success, and housing program landlord relations.	**Cumberland County Community Development, CoC**
Action Steps:	
5.1 Conduct a landlord event to recognize success in permanent housing, educate on the supportive housing programs, and recruit new properties.	
5.2 Develop funding source to provide mitigation funds to upgrade rental units in order to meet housing quality standards.	
5.3 Develop landlord incentives program to address tenant screening practices that are barriers to accepting applications.	
Objective 6: Develop bridge housing for vulnerable and chronically homeless households to secure housing and prepare for transition to permanent housing.	**Alliance Health, Cumberland County Community Development, CoC**
6.1 Creation of Alliance Health Bridge Housing Program in July 2021 for homeless persons with severe and persistent mental illness who are exiting crisis, emergency department or incarceration providing 3-5 months to prepare for tenancy and connection to community and benefits.	
6.2 Develop Coordinated Entry System prioritization and referral protocols for households that need to transition from RRH to permanent housing programs in order to maintain housing and support housing stability.	

WELLNESS & OPPORTUNITY

Creating connections to supportive services and social networks addressing the employment, income, physical, mental, and spiritual needs of households to facilitate successful return to community and self-sufficiency.

WELLNESS & OPPORTUNITY Strategic Objectives and Action Steps	Leading Voices
Objective 1: Create partnerships between basic needs service providers and housing providers to maintain supports for people transitioning to permanent housing.	**CoC, Faith-based Organizations**
Action Steps:	
1.1 Define clear roles and responsibilities between Coordinated Entry System, basic needs providers, emergency shelter providers on the provision of services, communication and information sharing to facilitate a coordinated approach to connections and transitions in care.	
1.2 Provide life skills, soft skills, tenancy, and employment training for people who are unsheltered, staying in emergency shelter and in supportive housing settings.	
1.3 Improve the utilization of HMIS to provide timely recording of client follow-up, engagement, location, and service utilization to facility to improve capacity to locate persons upon match and referral to housing and complete housing navigation and application processes.	
Objective 2: Align mental health services, engagements with existing homeless service providers (e.g., meals, shelter, street outreach) to secure consistent centralized connections to services.	**Alliance Health Providers and Standard Plan Providers, CommuniCare - PATH, CoC**
Action Steps:	

2.1 Secure PATH team full access and integration with HMIS, other street outreach teams, emergency shelter, and the Coordinated Entry System to maximize their effectiveness and impact on unsheltered homeless needs.	
2.2 Develop standardized community wide intake protocols including interview and application packets across all providers to reduce duplication.	
2.3 Create a more systematic approach to connect, enroll, and prepare applications for persons to mainstream benefit programs such as Social Security income benefits, Medicaid, Medicare, and other aged benefits.	
2.4 Recruit more behavioral health providers to become members of the CoC and participate in CoC Committees.	
Objective 3: Develop care transition protocols for mental health, medical, and behavioral health services from the emergency response system setting to housing ensuring no breaks in patient care or services.	**Alliance providers/ Standard Plan Providers, CoC**
Action Steps:	
3.1 Educate and engage behavioral providers and primary care in the homeless service system.	
3.2 Access health care provider liaisons and connect them to homeless service systems so they become members and participate in CoC meetings.	
3.4 Ensure access to bridge housing for those exiting the systems of care.	
Objective 4: Provide opportunities for meaningful skill-building and employment sufficient to maintain housing.	**CoC, Workforce Development, NC Works**
Action Steps:	
4.1 Increase the availability and access to vocational rehabilitation opportunities for persons being served by the homeless services system.	
4.2 Strengthen the alignment of employment services providers (Workforce Development, NC Works) to the homeless services system. Create supportive employment programs targeting persons experiencing homelessness and participating in housing programs.	
4.3 Educate, reducing myths about employment in the community. Ensure partners have proper information about employment opportunities, making it a forethought throughout the system.	
4.4 Engage employers willing to employ our homeless population and create a preferred list of employers specifying who would employ high-barrier people	

Objective 5: Provide flexible transportation resources to support wellness and employment.	City of Fayetteville, Cumberland County, CoC
Action Steps:	
5.1 Develop a subsidized transportation program, expand the county transportation program and communication/education surrounding it	
5.2 Partner with companies (e.g., Lyft and Uber) to provide transportation services	
5.3 Create an accessible program for low-cost used cars (and car seats for children)	

COMMUNITY INVESTMENT

Community partnerships are essential to leverage and grow the funding and resources necessary to achieve the vision and mission of the Homelessness Strategic Plan.

COMMUNITY INVESTMENT Strategic Objectives & Action Steps	Leading Voices
Objective 1: Develop grant writing resource / liaison dedicated to seeking and applying for funding opportunities to expand housing and homeless services.	**Cumberland County, City of Fayetteville, CoC**
Action Steps:	
1.1 Add homelessness services and associated Strategic Plan needs to priority items for the City and County grant writers and formalize their regular communication with the homeless serving sector to maintain awareness of service needs and opportunities.	
1.2 Develop a funders network focused on homelessness in which to share information, opportunities and being prepared when funding opportunities seek multi-agency collaborations in their funding priorities, modeling community funding collaboration from resources such as Funders Together to End Homelessness (funderstogether.org)	
1.3 Develop relationships with key funding agencies, foundations, etc. for long term interest and engagement in the homelessness and housing needs.	
1.4 Develop a community flexible funding program to support funding of ancillary supports, deposits, and other small financial assistance needs essential for accessing housing or employment and providing a mechanism for the general public to support and participate in the Strategic Plan.	
Objective 2: Educate and influence community, business, and organizational leaders to champion and secure funding for solutions to homelessness.	**CoC, Fayetteville Economic and Community Development, Cumberland**

	County Community Development
Action Steps:	
2.1 Develop business plans for specific proposed programs and housing needs for formal presentation to community leaders to understand the impact of private investment to the goals of ending homelessness.	
2.2 Highlight the homeless services sector at key county wide and city wide events to raise awareness, educate the community on work being done, support needed and report out on progress in implementation of the Strategic Plan. An example would be a presentation at the Human Relations Commission Event.	
Objective 3: Professionally staff the Continuum of Care nonprofit organization.	**CoC, Cumberland County Community Development**
Action Steps:	
3.1 Prepare a business plan on the creation of full-time professional staff for The Fayetteville/Cumberland County Continuum of Care on Homelessness nonprofit organization in preparation for funding requests.	
3.2 Upon funding, conduct recruiting and hiring.	
3.3 Develop a Memorandum of Understanding that will clearly define the roles and responsibilities of the nonprofit agency director and the Cumberland County Community Development staff as they relate to the Strategic Plan, Continuum of Care and Collaborative Application duties to support an effective partnership in advancing the mission of the Strategic Plan and the Continuum of Care.	
Objective 4: Develop marketing and messaging strategies that will inspire community buy-in and support increased local funding.	**CoC**
Action Steps:	
4.1 Develop quarterly reporting dashboards on key homelessness data performance indicators and progress reporting for the Strategic Plan.	
4.2 Formalize through County news releases the report of the Strategic Plan roll out, quarterly progress reports and announcements of significant benchmark achievements.	

PROGRESS REPORTING

Quarterly reporting and an annual review of the plan will both allow the community to follow progress in the implementation and also allow providers and leaders to monitor and evaluate performance.

The Strategic Plan and reporting will be published on the Cumberland County website. Reporting will include a quarterly progress report and a data dashboard of key indicators of the homeless response system reported from the Homeless Management Information System.

Homelessness Strategic Plan Quarterly Reporting Template

	Total Action Steps	No Action	In Progress	Completed
Access to Assistance		☒	➡	★
Permanent Housing				
Wellness & Opportunity				
Community Investment				
Summary of activity in the quarter:				

Homeless Response System Quarterly Dashboard Template

	In the Quarter	Change from last Quarter
Total number of new households entering the homeless system		⬇
Number of households entering the homeless system after a previous exit to housing in the last 24 months.		⬇
Total number of households exiting the homeless system		⬆
Number of households exiting to permanent housing		⬆
Significant data findings in the quarter:		

Appendix – Gaps Analysis Report
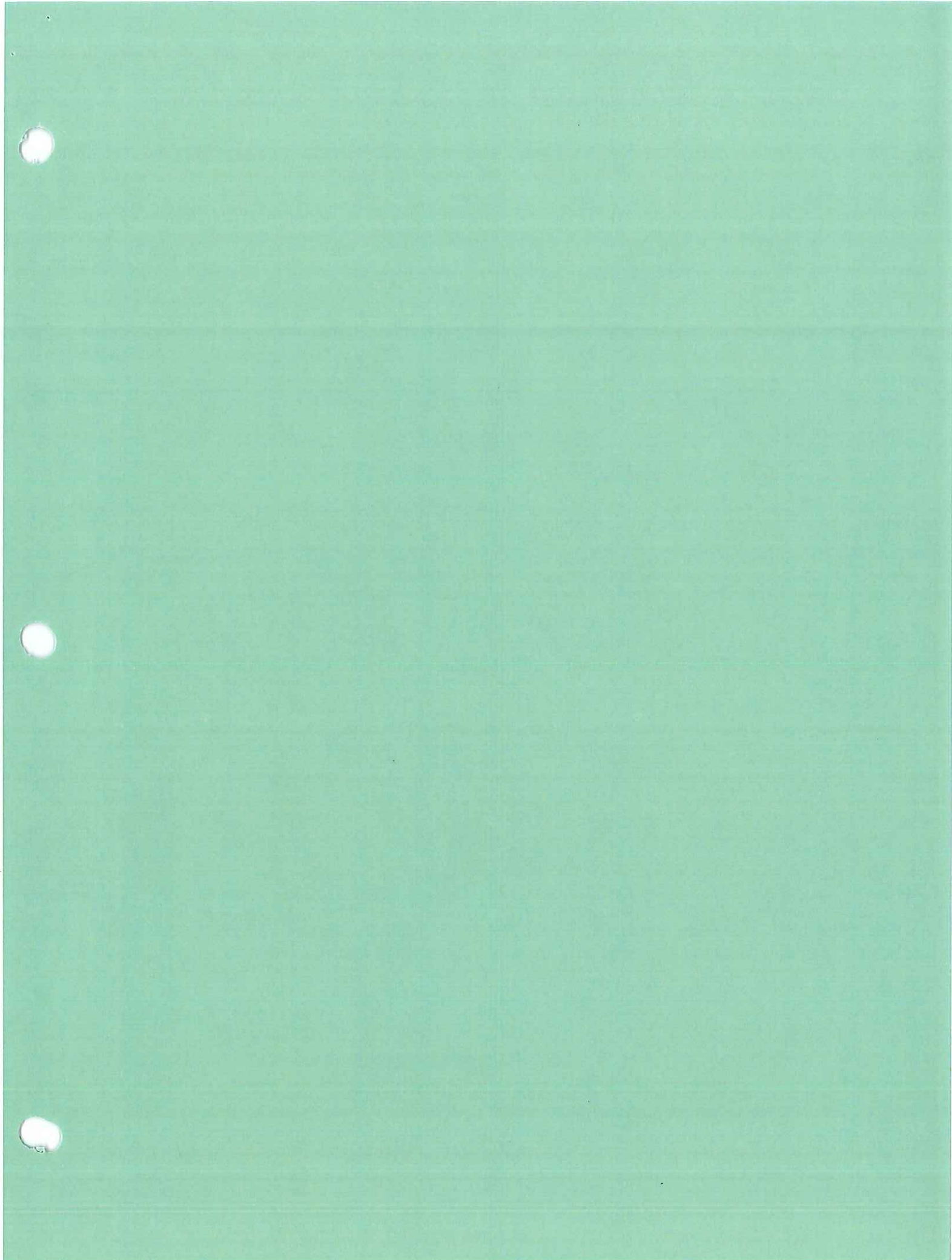
Gaps Analysis

Fayetteville/Cumberland County Continuum of Care – NC 511

FINAL REPORT
Revised
June 28, 2021

ORG CODE

This report has been prepared by OrgCode Consulting, Inc. for Cumberland County, North Carolina Department of Community Development.

Conclusions and insights are based upon data compiled by OrgCode Consulting, Inc. | www.OrgCode.com

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I. Overview

Cumberland County office of Community Development engaged OrgCode Consulting to conduct a gaps analysis of the homeless response system in order to determine resource and system needs. The completion of the gaps analysis fulfills the Continuum of Care's (CoC) Department of Housing and Urban Development (HUD) requirement to conduct a gap and needs analysis as part of its annual CoC Planning activities. In 2021, the gaps analysis and other feedback activities will support the development of a Three Year Homelessness Strategic Plan for the County, City and the Fayetteville/Cumberland County Continuum of Care.

Methodology

OrgCode used multiple investigative and analysis methodologies to prepare the gaps analysis including:

- Comprehensive analysis of HMIS data from 2019 to first quarter of 2021
- Online survey of homeless service providers and CoC leadership
- Online survey of the community
- Survey of persons experiencing homelessness.
- Remote interviews with homeless service provider stakeholders and City and County leadership
- Review of other CoC HUD documents such as Consolidated Annual Performance and Evaluation Reports (CAPERS), Housing Inventory Chart (HIC), Point in Time County (PIT), Grant Inventory Worksheets (GIW) and other policy and procedure and committee reports
- Comparative analysis of other community homeless response systems

II. Perspectives of Persons with Lived Experience

The voice of persons experiencing homelessness are vital to understanding the challenges they face in their efforts to reestablish housing stability in a safe, affordable permanent home with the resources made available in Cumberland County.

Due to COVID travel and meeting restrictions in place during the majority of the project, securing feedback from people experiencing homelessness was a challenge. The Salvation Army agreed to offer clients in shelter and receiving services from the street outreach team the opportunity to take a very brief internet based and paper version of a survey. Ten people were interviewed that had yet to have engagement in coordinated entry and other shelter housing program interventions.

Though there were only a few contributions, the power of their voice and experience can in just a few words enable us to understand their circumstances allows community leaders to understand the complexity of homelessness, the humility in which persons experience homelessness, and the gratitude for the services provided.

When asked what services persons needed but could not find, 7 of 10 mentioned needing access to housing. When asked about services they were able to access and found

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helpful only one in 10 referenced a housing related service. Services they were able to access represented basic emergency needs. Despite expressing the need for housing assistance, 7 of 10 expressed that they were hopeful to return to safe, stable housing.

The results of the survey are below:

Thinking about your experience with homeless services in Fayetteville and Cumberland County, what services do you need but cannot find to help end your homelessness?

- Clothes, an affordable place to live
- A cot at night and a shower
- Affordable housing, employment opportunity and transportation
- Need for Housing, I just started working and desperately need a place to stay, please
- More food, shelter, clothes and more people out talking uplifting us that is in need
- Shelter for women
- When I first became homeless I went to the agent, they couldn't help me because of my little bit of income
- No available shelter or senior housing
- Housing and mail service
- Housing assistance for sex offenders

What services have you received that have been helpful?

- Emergency Shelter
- Food
- Medicine for my health
- Food and Clothing
- Food and Clothing
- Help applying for Social Security
- Place to get mail
- Place to take a shower
- Cooked meals
- Case Manager
- Food and Clothing
- Use of a computer
- Meals and Clothing
- Salvation Army, Inasmuch for breakfast, Dream Center
- My agent helped me out a lot

What best describes your household?

Single adult	100.00% 10
A couple with no children	0.00% 0
A family with children	0.00% 0

Young adult 18 - 24 years old   0.00% 0

Other Comments: *Me and my dog*

How hopeful do you feel today that you will return to safe stable housing soon?
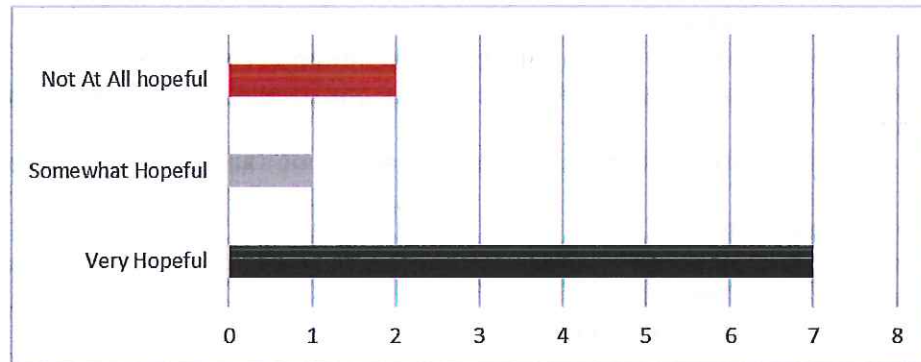
Other Comments:
- *I feel great that the Agent is helping to find housing.*
- *I have been outside since November and will apply for senior housing.*
- *As an offender who can only make money by donating plasma*

III. Perspectives of the Community

To gain an understanding how residents feel about the presence, impact and community response to homelessness in Cumberland County, an invitation to participate in an online survey was distributed through various social media. This was a voluntary survey with a self-selected (non-scientific methodology) respondent pool. Its primary purpose was to identify topics of concern and perceptions of the general community.

625 persons participated in the survey. 64% identified themselves as a private concerned citizen, 22% were lifelong residents and 57% had been residents 5 or more years.

The highest level of agreement from the community of the five questions on leadership was that "Homelessness is a Priority" with 39% responding with either agree or strongly agree. There was significant disagreement with current response to the issue of homelessness. The most significant disagreement was on the overall satisfaction on how local government and homeless services were working to end homelessness (strongly disagree and disagree totaling 64% of respondents).

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
Govt, foundations community respond to operational needs of homeless service providers.	5%	20%	21%	24%	13%	17
Homelessness is a Priority	19%	20%	13%	26%	16%	7%
Govt taking action to assure supply of affordable housing for very low-income households.	5%	16%	17%	27%	21%	15%
Overall Satisfaction of how Govt & Providers Working to End Homelessness	4%	10%	17%	33%	31%	6%
County and CoC regularly report the nature and extent of homelessness and progress in ending homelessness.	8%	14%	20%	25%	14%	18%

For perspective, it is important to understand that often the community is unaware of components of the homeless response system and their perspective of homeless response is primarily measured only by the unsheltered homeless they encounter.

This level of disagreement on current response can be interpreted that the community is seeking more action and an improved response to homelessness.

To gauge the community's knowledge of the homeless response system, they were asked to identify where they would go if someone they knew was facing homelessness.

Who would you call to seek help?

County Dept of Social Services	91
The Salvation Army	50
I Don't Know/Not Sure	50
Church	23
Operation Inasmuch	19
211	17
Housing Authority	10
Red Cross	8
Manna Dream Center	8
Urban Ministries	7
Connections of Cumberland County	7
VA	5
Homeless Shelter	4
Coordinated Entry	3
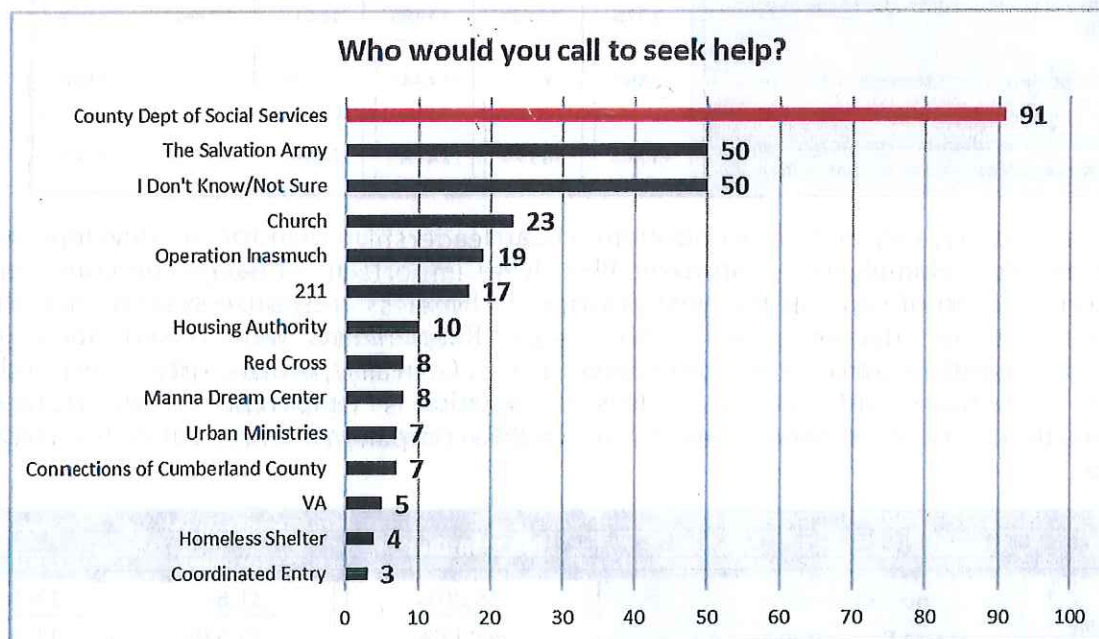
This question is one indicator of marketing efforts and name identification of agencies known to address homelessness. The Cumberland County Department of Social Services

provides many humans service needs. The Salvation Army has a worldwide name-identification as well as serving as the largest emergency shelter in Cumberland County. All the agencies mentioned by survey respondents would be knowledgeable to make a referral to Coordinated Entry, which represents the CoC designated intake entity to the homeless response system including access to most emergency shelter beds.

When asked about the provision of resources available in the community specifically designated for persons at risk of or experiencing homelessness, the community generally expressed dissatisfaction with the current service levels. No component of emergency response assets from Street Outreach to Permanent Supportive housing achieved even 25% satisfaction except for the provision of domestic violence sheltering for families where 32% believed there was a satisfactory supply of emergency housing and programming.

Table 1: Satisfaction with the Provision of Services

	Completely Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Completely Dissatisfied	I Don't Know
Street outreach to people experiencing unsheltered homelessness - living outdoors, in cars, etc.	3.56%	16.86%	14.01%	26.37%	22.57%	16.63%
Emergency shelter beds for families with children experiencing homelessness.	4.29%	18.10%	10.00%	21.43%	27.86%	18.33%
Emergency shelter beds for individual adults experiencing homelessness.	4.51%	14.49%	11.40%	23.75%	28.50%	17.34%
Emergency shelter and services to homeless or runaway youth.	2.63%	12.17%	14.08%	16.47%	28.64%	26.01%
Safe shelter and services to people fleeing domestic violence.	6.71%	26.14%	11.99%	15.35%	17.03%	22.78%
Transitional housing facilities for families with children.	3.37%	15.63%	14.18%	18.51%	22.36%	25.96%
Rapid rehousing, short term rental assistance.	2.88%	9.62%	14.42%	21.88%	28.13%	23.08%
Permanent supportive housing, long term rental assistance coupled with case management.	3.12%	8.15%	12.47%	22.06%	30.70%	23.50%

As the County, City and the Continuum of Care leadership plan for the development of a Three-Year Homelessness Strategic Plan, it was important to gauge the community's understanding of some of the best practices in homeless response systems that might guide strategic decisions and action steps. Respondents were asked about their familiarity with practices in ending homelessness. Generally, the majority of respondents were unfamiliar with practices. This information is important in understanding educational and information needs that should accompany the role out of the strategic plan.

	Not familiar	Somewhat familiar	Very familiar
Housing First	55.20%	31.64%	13.16%
Harm Reduction	63.11%	25.52%	11.37%
Trauma Informed Care	63.66%	22.92%	13.43%
Housing Focused Emergency Shelter	53.47%	33.10%	13.43%
Rapid Rehousing	63.81%	25.99%	10.21%

Permanent Supportive Housing	61.86%	26.74%	11.40%

When asked about who should play a leading role in the implementation of the strategic plan, the prevailing opinion was that it should be a shared role between government, service providers and the faith community. In developing a strategic plan, identification of champions for particular initiatives as well as establishing entities with the capacity to commit resources and other to monitor the effectiveness, efficiency and ongoing performance of the system of care.

Shared Leadership - City, County, Non-Profits, Faith-Based	35%
Local Government - City, County, State, Dept. of Social Services, etc.	25%
Faith Based / Non-Profit Organization	15%
A New Entity - Taskforce, Special Committee	1%
The Continuum of Care (CoC)	1%
I Don't Know	6%

Finally, survey respondents were asked to tell what they hope to be accomplished by a strategic plan, and what would be an obstacle to success with the plan. Response narratives filled over 40 pages of concerns, ideas, hopes and challenges of the community. OrgCode organized these comments by tagging them in major subject areas as detailed below.

Table 2: Desired Accomplishments of the Strategic Plan

HOUSING – Build more housing, develop collaboration with landlords, provide sufficient housing subsidies and assure long term access to affordable housing.	24%
SYSTEM IMPROVEMENTS – From outreach, to shelter, to housing, the community expressed more resources to improve the efficiency, effectiveness, cooperation and collaboration throughout the system including needed services, case management and other supports leading to the return to housing.	20%
SHELTER – The building/provision of day shelter and emergency shelter beds. Services in shelter that provide connections to wellness supports, basic needs, employment and housing.	15%
WELLNESS – The community wants to see that the needed health care, mental health care, behavioral care and supports will be available to persons experiencing homelessness.	12%
REDUCING HOMELESSNESS – Primary measure of accomplishment would be overall reduction in homelessness.	12%
OUTREACH – The presence of unsheltered homeless was foremost important. Street outreach, and pathways to supports, housing for the unsheltered. Some hoped for reduction in nuisance activity and panhandling.	10%
EMPLOYMENT – Long-term stability and self-sufficiency is the goal of incorporating employment to homeless services.	10%

A PLAN - To actually produce, approve, and implement the plan with cooperation and community collaboration.	9%
AWARENESS – Raise the awareness of the community on the solutions to homelessness and support more housing.	8%

Housing was the most common stated hopeful accomplishment of a plan followed by improvements to how stakeholders responded, cooperated and implemented solutions.

Table 3: Perceived Potential Obstacles to Accomplishing Goals of the Strategic Plan

SUPPORT SERVICES – Critical supportive services, their availability and delivery would be challenges to successfully. Significant emphasis on mental health and behavioral health services.	22%
MYTHS OF HOMELESSNESS – People experiencing homelessness are perceived to be at the center of preventing success. Causes and experiences of homelessness are resistant to change or accepting services.	16%
SYSTEM & COORDINATION – The capacity and willingness for key stakeholders to deliver the plan in a coordinated fashion or to change the way they provide services.	14%
MONEY/FUNDING – Funding decisions and limitations of resources in the community and the ability for the community to be able to afford additional resources.	13%
POLITICS – Concerns that city and county government would not collaborate or work together or other political decisions would jeopardize success in a plan.	13%
COMMUNITY SUPPORT – The community would not support the plan. Suggestions to make sure it is well communicated, advertised and marketed to the public. There was also concern that community members would be against locations of housing, shelter.	13%
HOUSING – These observations were concerned that NIMBYism would prevent the development of housing, new resources. Concerns those investments won't be made into housing. Need for supports to different types of housing	8%
ECONOMY – Times were hard and there were no jobs for persons experiencing homelessness and continue to create the experience of homelessness in the community.	4%

Perceived obstacles to success of the strategic plan were centered on shortfalls in the access to mental health and substance abuse services. Additionally, there were comments that reflected common generalizations and myths of homelessness centered on individual character rather that systemic influences on what causes homelessness.

IV. Perspectives of Service Providers

Homeless service providers were asked to participate in a survey that dove into more technical and operational elements of the system of care. 24 persons, a majority with over 5 years' experience with Cumberland County's homeless system, participated in the survey.

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Additionally, OrgCode also conducted one-on-one interviews over Zoom with 21 providers and leaders. These interviews drew out system and resource observations and experiencing.

Table 4: Perspectives on leadership and coordination.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	I Don't Know
Program **staff communicate and coordinate services effectively** when they share the same client or are transitioning care.	36%	21%	7%	14%	7%	14%
Provider agency **leadership are engaged in policies, procedures and planning** efforts for the Continuum of Care.	29%	29%	14%	14%	7%	7%
Continuum of **Care leadership use HMIS data analysis to accurately monitor, evaluate and report progress** and performance.	21%	29%	14%	14%	14%	7%
Cumberland County and City government leaders are responsive to the needs of homeless service providers.	14%	50%	14%	14%	7%	0%
Program staff receive evidenced based **best practice training** to improve their skill set in service delivery.	21%	36%	14%	7%	14%	7%
Public Housing Authorities, Affordable Housing Developers, and other housing representatives actively work to **create new affordable rental units.**	14%	36%	7%	21%	7%	14%

Of the 24 respondents a majority were in agreement (over 50% agreeing or strongly agreeing) that leadership and providers were effective. The strongest disagreement (4 persons/28%) were in the effective use of HMIS and the creation of new affordable rental units.

Table 5: Housing focused services

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	I Don't Know	N/A
People experiencing a housing crisis and homelessness **know where to go to get help.**	8%	46%	8%	15%	23%	0%	0%

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	I Don't Know	N/A
Match and referral of participants to housing programs is **easy and efficient.**	8%	8%	0%	62%	15%	0%	8%
Programs quickly communicate when they have **vacancies.**	8%	15%	15%	38%	8%	15%	0%
Emergency Shelters are staffed and trained to support clients in **housing planning and navigation.**	33%	8%	8%	25%	17%	8%	0%
Assessment phases and **assessment tools are useful in developing a client-centered housing plan.**	33%	25%	8%	25%	0%	8%	0%
Unsheltered homeless have equal access to housing and supports as sheltered clients.	18%	27%	18%	9%	18%	9%	0%
The **housing prioritization** factors represent our community's priorities.	15%	23%	23%	15%	15%	8%	0%

There was the most agreement by respondents that people experiencing homelessness would know where to get help, 46%. The least agreement was on ease and efficiency coordinated entry match and referral with 62% disagreeing and 15% strongly disagreeing. The second least agreed upon housing issues was how quickly agencies communicate when they have vacancies.

When asked about how the system provides emergency response services – when people face a housing crisis and homelessness, there was significant disagreement with the effectiveness of the services available. The most significant was for persons being able to access emergency shelter with only 16% agreeing or strongly agreeing and 69% disagreeing and 15% strongly disagreeing.

Table 6: Emergency Response System

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	I don't know
People in need of crisis services are **served immediately.**	8%	0%	15%	54%	15%	8%
People who have lost their housing can **access emergency shelter quickly.**	8%	8%	0%	69%	15%	0%
Upon entering the homeless response system, **participants are quickly engaged in housing solutions** and case management services.	8%	23%	8%	38%	15%	8%
Rapid rehousing **houses people rapidly.**	0%	15%	23%	38%	15%	8%

When asked about supportive services and case management resources, providers believed most were insufficient except for employment services.

Table 7: Supportive Services Resource Availability

	Sufficient Resources	Insufficient Resources	No Resources Available	I don't know
Street Outreach Workers	31%	54%	8%	8%
Employment Services	62%	31%	0%	8%
Coordination of housing for persons discharging from correctional institutions	15%	62%	0%	23%
Coordination of housing for persons discharging from foster care	15%	62%	0%	23%
Substance Abuse Treatment Services	38%	54%	0%	8%
Mental Health Care Services	23%	77%	0%	0%

Respondents also believed that there were insufficient resources of any of the basic components of homeless and housing services.

Table 8: Homeless Shelter and Housing Resources

	Sufficient Resources	Insufficient Resources	No Resources Available	I don't know
Homeless Prevention resources to assist households to retain their housing	31%	69%	0%	0%
Diversion resources to provide alternate housing solutions and diverting people from emergency shelter	0%	69%	0%	31%
Emergency Shelter or hotel vouchers for adults, individuals and couples	15%	85%	0%	0%
Emergency Shelter for Unaccompanied Youth	8%	46%	15%	31%
Emergency Shelter or hotel vouchers for families with children	15%	77%	0%	8%
Emergency Shelter or hotel vouchers for households fleeing violence	31%	62%	0%	8%
Rapid Rehousing Rental Assistance	23%	46%	8%	23%
Permanent Supportive Housing	15%	54%	0%	31%
Housing Choice Vouchers (Section 8) with a Homeless Preference	8%	54%	8%	31%

When asked about the array of housing focused services that are part of best practice systems of care, providers found all to be insufficient for current and future needs or did not know if they were available.

Table 9: Housing Focused Resources

	Sufficient Resources for Current and Future Need	Sufficient Resources for Current Need	Insufficient Resources for Current and Future Need	Insufficient Resources for Current Need	No Resources Available	I don't know
Housing Prevention and Diversion Case Managers	0%	8%	46%	23%	8%	15%
Housing Planners and Navigators	8%	15%	38%	23%	8%	8%
Housing Search identifying affordable, rental units (including low barrier tenant screening)	8%	0%	46%	31%	8%	8%
Coordination of housing for persons discharging from correctional institutions	0%	0%	54%	23%	0%	23%
Coordination of housing for persons discharging from foster care	0%	23%	46%	8%	0%	23%
Landlord mediators/negotiators	8%	0%	23%	23%	8%	38%
Flexible funds for identifications, birth certificates, other fees	8%	23%	23%	8%	8%	31%
Housing start-up kits (i.e., cleaning supplies, kitchen ware, bed)	0%	15%	38%	0%	0%	46%
Credit, Rental, Criminal Background Checks for housing planning	8%	15%	31%	15%	0%	31%
Transportation assistance for housing search	8%	15%	46%	8%	8%	15%

V. System Data Analysis

To quantify the levels of need for services and housing and to identify specific gaps, we examined a variety of data sources to understand actual service levels and demands.

Persons seeking housing and shelter

The United Way North Carolina provides a data dashboard on their website that reports the nature and frequencies of regular data on persons calling 2-1-1. A snapshot of data on service requests in Cumberland County between June 3, 2020 through June 2, 2021 revealed the following:

Table 10: Cumberland County 2-1-1 Calls June 3, 2020 – June 2 2021

Total Requests	17,441
Housing & Shelter	6,220 (35.7%)
• Shelters	596 (9.6%)
• Low-Cost Housing	906 (14.6%)
• Home Repair / Maintenance	119 (1.9%)

• Rent Assistance	4,180 (67.2%)	
• Mortgage Assistance	167	
• Landlord / Tenants Issues	246	
• Contacts	2	
• Other Housing & Shelter	2	

Consistently, month after month the top service information requests over 2-1-1 are for housing and shelter. In looking at comparative data in North Carolina, Cumberland County ranks as one of the top counties in housing and shelter requests.

Highest rates of requests for housing and shelter on 2-1-1 comparing 2020 to 2021.

Table 11: Top Ranked Counties 2-1-1 Housing and Shelter Requests

	2020		2021
Rank	County	Rank	County
1	Cumberland, NC	1	Mecklenburg, NC
2	Mecklenburg, NC	2	Cumberland, NC
3	Buncombe, NC	3	Pitt, NC
4	Pitt, NC	4	Wilson, NC
5	Edgecombe, NC	5	Edgecombe, NC

Intake data for the homeless response system is provided from the coordinated entry provider, Cumberland Healthnet. Cumberland Healthnet manages access data initially through QuestionPro to manage call inflow, and then in the Homeless Management Information System (HMIS) for individuals and households that begin to receive triage/intake/referrals into the homeless response system. Ten months of data are presented in the table below:

Table 12: Cumberland Healthnet CES Access data July 2020 - April 2021

2020-2021	TOTAL Actual Services	%	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Phone encounters	5589											
Calls	3829	69%	0	252	732	713	766	0	126	530	452	258
Voicemails	1760	31%	0	69	235	207	285	0	331	249	163	221
Referrals	364											
Questionpro	364		0	54	91	39	49	0	1	2	4	124
Gender	4149											
Female	2268	55%	210	146	139	161	235	234	205	278	330	330
Male	1881	45%	191	124	92	107	187	197	144	249	295	295
Income	1813											
Below < 30% AMI	1306	72%	87	131	6	78	96	117	196	109	243	243
Very low Income 30% - 50%	201	11%	10	36	0	1	14	16	34	12	39	39

Low Income 51% - 80%	183	10%	3	31	0	5	8	7	12	75	21	21
Moderate Income 80%	123	7%	0	7	0	16	10	8	8	54	10	10
Households	**2813**											
Total number of households serve	2813		231	266	194	170	201	216	268	316	390	561
Female head of household	1387	49.31%	69	97	76	102	122	125	154	168	215	259
Disabled	760	27.02%	23	36	20	34	59	61	86	131	152	158
Elderly	391	13.90%	46	44	24	30	34	37	37	41	50	48
with Minors	727	25.84%	93	88	74	30	64	62	70	77	73	96
Race & Ethnicity	**4514**											
Hispanic Latino	304	7%	28	17	19	25	25	31	35	38	40	46
White Caucasian	466	10%	34	24	30	30	35	37	43	69	86	78
Black or African American	3406	75%	156	206	236	294	345	355	406	414	491	503
Asian	13	0.29%	2	2	1	1	1	1	1	2	1	1
Native Hawaiian or other Pacific Islander	54	1%	1	0	0	1	1	0	9	9	14	19
American Indian, Alaska Native and White	57	1%	2	2	2	1	1	1	2	4	2	40
Black or African American and White	6	0%	6	0	0	0	0	0	0	0	0	0
American Indian or Alaska Native & Black or African American	10	0%	0	0	0	0	0	0	0	0	0	10
Other Multi Racial	198	4%	18	15	15	19	18	17	19	17	20	40

The CES call volume data reflects the over representation of Black households that are experiencing a housing crisis (75%) compared to the overall rate of 39% of black people in the population of Cumberland County. This overrepresentation is experienced in communities all over the United States and represents a priority in both federal initiatives and local continuum of care to address racial equity within their strategic planning efforts.

Income rates of persons seeking housing and shelter assistance also reflect national trends where the majority of household incomes are less than 30% of the area median income (AMI). 72% of the households calling in for assistance over 10 months fell below 30% of AMI for Cumberland County. The table below provides an understanding of where those income caps are:

Table 13: HUD Income limits Below 30% AMI

Fayetteville, NC HUD Metro FMR Area	Household Size 1 person	2 persons	3 persons	4 persons	5 persons
Below 30% AMI Income Limit Annual of Median Income of $59,600	$12,550	$14,350	$16,150	$17,900	19350

The National Low Income Housing Coalition (NLIHC)[1] provides research data detailing the housing supply and incomes of communities and provides an understanding of the relationship between income and housing access.

North Carolina State Facts

Minimum Wage **$7.25 per hour**

Average Rental Wage **$15.92 per hour**

2-Bedroom Rental Wage **$17.67**

Affordable Rent for Low Income Households:

- **Minimum Wage Worker affordable rent:** $377 per month for rent
- **Household at 30% of Area Median Income:** $535 per month for rent
- **Worker Earning Average Renter Wage:** $828 per month for rent

Fair Market Rent for Cumberland County:

- **1-Bedroom Fair Market Rent** $773 per month
- **2-Bedroom Fair Market Rent** $919 per month

Working at minimum wage $7.25 per hour each week, a household will have to work 82 hours per week to afford a modest 1 bedroom rental home at Fair Market Rent.

Number of Households	North Carolina	Cumberland County
TOTAL	3,918,597	124,418
RENTER	1,369,892	61,023
PERCENT RENTERS	35%	49%
Housing Wage	North Carolina	Cumberland County
ZERO-BEDROOM	$14.31	$13.83
ONE-BEDROOM	$14.86	$13.88
TWO-BEDROOM	$17.67	$16.42
THREE-BEDROOM	$23.56	$22.85
FOUR-BEDROOM	$28.88	$27.88
Fair Market Rent (2020)	North Carolina	Cumberland County
ZERO-BEDROOM	$744	$719
ONE-BEDROOM	$773	$722
TWO-BEDROOM	$919	$854

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[1] https://reports.nlihc.org/oor/north-carolina

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| THREE-BEDROOM | $1,225 | | $1,188 | |
| FOUR-BEDROOM | $1,502 | | $1,450 | |

Annual Income Needed to Afford a Unit		North Carolina	Cumberland County
	ZERO-BEDROOM	$29,758	$28,760
	ONE-BEDROOM	$30,910	$28,880
	TWO-BEDROOM	$36,751	$34,160
	THREE-BEDROOM	$49,014	$47,520
	FOUR-BEDROOM	$60,062	$58,000

Minimum Wage		North Carolina	Cumberland County
	MINIMUM WAGE	$7.25	$7.25
	RENT AFFORDABLE AT MINIMUM WAGE	$377 a month	$377 a month

Work Hours/Week at Minimum Wage		North Carolina	Cumberland County
	ZERO-BEDROOM	79	76
	ONE-BEDROOM	82	77
	TWO-BEDROOM	97	91
	THREE-BEDROOM	130	126
	FOUR-BEDROOM	159	154

Renter Wage		North Carolina	Cumberland County
ESTIMATED MEAN RENTER WAGE		$15.92	$13.47
RENT AFFORDABLE AT MEAN RENTER WAGE		$828	$700

Work Hours/Week at Mean Renter Wage		North Carolina	Cumberland County
	ZERO-BEDROOM	36	41
	ONE-BEDROOM	37	41
	TWO-BEDROOM	44	49
	THREE-BEDROOM	59	68
	FOUR-BEDROOM	73	83

Supplemental Security Income (SSI) Payment	North Carolina	Cumberland County
SSI MONTHLY PAYMENT	$783	$783
RENT AFFORDABLE TO SSI RECIPIENT	$235	$235

Rent Affordable at Different Income Levels	North Carolina	Cumberland County
30% OF AREA MEDIAN INCOME (AMI)	$535	$435
ESTIMATED RENTER MEDIAN HOUSEHOLD INCOME	$894	$865

The NLIHC data provides a backdrop of household income needed to maintain or return to housing long term. Often persons experience chronic and episodic homelessness will have $0 or SSI only income. Housing gaps are filled by a combination of both household income increases (employment, informal income sources and mainstream benefits) matched with housing subsidies (one-time, short term, or long term) depending on households characteristics, needs, assets, and income generating capacity.

The at-risk and homeless households also commonly face other housing barriers frequently being screened out through property management tenant screening tools (income sources, rental history, credit, criminal history, etc.). These factors complicate the housing crisis. Further, disabling conditions, trauma experiences and other vulnerabilities often require levels of support during the housing process and ongoing to achieve housing stability.

Affordable Housing Supply

The table below details the affordable units available for households whose income "extremely low income" which is below 30% of the Area Median Income. This household income grouping represents nearly all persons presenting experiencing homelessness.

Statewide, there are 347,275 extremely low income households and only 156,365 units available that are affordable to that income group. For every 100 households at this income level, there are 45 units available. Of these extremely low income households, 66% are severely cost burdened in their housing costs.

When compared to other North Carolina communities, Cumberland County has fewer extremely low income households as a portion of the total population, however when examining the number of affordable and available rental units per 100, Cumberland County has the fewest. Additionally, when looking at cost burden for households who are extremely low income, compared to the selected comparison communities, Cumberland County has the highest rate of households cost burdened (90%) and severely cost burdened (84%).

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North Carolina Housing Gap Data (National Low Income Housing Coalition)	North Carolina	Cumberland County	Charlotte-Concord-Gastonia, NC-SC	Raleigh, NC	Virginia Beach-Norfolk-Newport News, VA-NC
Extremely Low Income Households and Available Rentals					
EXTREMELY LOW INCOME RENTER HOUSEHOLDS	347,275	9,445	67,121	43,823	50,311
AFFORDABLE AND AVAILABLE RENTAL HOMES	156,365	5,141	25,198	14,978	17,623
Surplus (Deficit) of Affordable and Available Rental Units					
AT OR BELOW EXTREMELY LOW INCOME	-190,910	-4,305	-41,923	-28,845	-32,688
Affordable *and Available* Rental Units per 100 Households at or below Threshold					
AT OR BELOW EXTREMELY LOW INCOME	45	22	38	34	35
% of Renter Households with Cost Burden					
AT EXTREMELY LOW INCOME	85%	90%	87%	84%	85%
% of Renter Households with Severe Cost Burden					
AT EXTREMELY LOW INCOME	66%	84%	67%	68%	72%

Definitions and Data Sources of Affordable Housing Classifications

Income Category
- Extremely Low Income (ELI) Households Household income is at or below 30% of the area's HUD Adjusted Median Family Income (HAMFI)

Level of Housing Cost Burden
- *Unaffordable Cost Burden* Household spends more than 30% of their income towards housing costs (including utilities)
- Severe Cost Burden Household spends more than 50% of their income towards housing costs (including utilities)

Income and affordable housing data comes from the American Community Survey (ACS) that is analyzed by the NLIHC to produce estimates of the shortage of affordable and available homes. The sample size for the ACS is too small to allow for reliable estimates of smaller geographies such as Cumberland County. To generate these estimates, the NLIHC uses a special tabulation of HUD's Comprehensive Housing Affordability Strategy (CHAS) data in combination with the HUD analyzes 5-year American Community Survey data. The data used covers 2013-2017.

Supportive Housing Gap

A majority of Continuum of Care funded permanent supportive housing beds (33) are assigned to families. The majority of need for permanent supportive housing beds in Cumberland County are for individual adults. There have been no turnover of PSH beds in nearly two years, somewhat unusual for a CoC.

Because of the limited availability and no turnover of CoC PSH, the primary housing opportunities for chronic or disabled households have been mainstream vouchers (MSV). This program targets three groups of participants including: 1. Chronically homeless with Mental Health and Substance Use Disorders/SUD for the MSV based on the by names list; 2.Those exiting or at risk of hospitalization; and 3.Those on the section 8 waitlist with an adult member with a disability.

There are 62 MSV in Cumberland County, all have been issued but many individuals have had difficulty in locating suitable housing. Alliance Health signed an MOU with the Fayetteville Metropolitan Housing Authority to manage the referrals, and supportive services through their provider network.

Individuals that are service connected with the mental health managed care organization have the best change of acquiring the HCV homeless preference housing. Those not successful in accessing these vouchers lack for pre-tenancy housing navigation, search, and landlord advocacy support as well as identifying a source for the provision of housing-based case management and supportive services to improve housing stability.

The majority of PSH in the community are Veterans Affairs Supportive Housing (VASH) vouchers that are dedicated only for eligible Veterans (228 units).
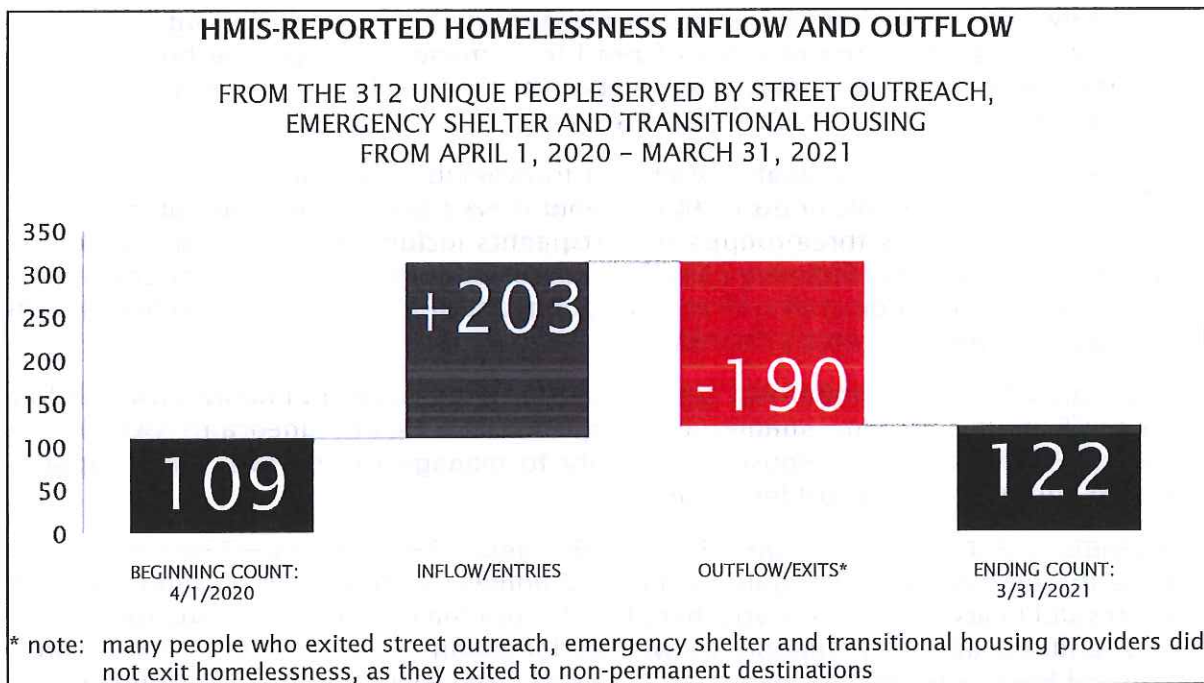
Rapid Rehousing

Rapid Rehousing represents the most available housing subsidy option for households experiencing homelessness with CoC and CARES act funding (ESG-CV). 29 units are available in the inventory and have sustained occupancy throughout the year.

Inflows and Outflows

The waterfall chart below examines HMIS data from 2020-2021. The chart, reading left to right, captures individuals and households entering the homeless system (meeting the HUD definition of homeless – unsheltered, emergency sheltered, in transitional housing and those that left the system.

Note that this data represents persons entered into the HMIS data system. Not all agencies serving persons experiencing homelessness use this system. Any data analysis to understand the nature and extent of homelessness and measure performance is always improved with the centralization and use of a shared data system.

HMIS-REPORTED HOMELESSNESS INFLOW AND OUTFLOW

FROM THE 312 UNIQUE PEOPLE SERVED BY STREET OUTREACH, EMERGENCY SHELTER AND TRANSITIONAL HOUSING FROM APRIL 1, 2020 – MARCH 31, 2021

109	BEGINNING COUNT: 4/1/2020
+203	INFLOW/ENTRIES
-190	OUTFLOW/EXITS*
122	ENDING COUNT: 3/31/2021

(Chart axis values: 0, 50, 100, 150, 200, 250, 300, 350)

* note: many people who exited street outreach, emergency shelter and transitional housing providers did not exit homelessness, as they exited to non-permanent destinations

Homeless System Overall Performance:

- 190 exits over 365 days
- 91 exits to permanent housing (48%)
- 99 exits to other locations (52%)

Outcomes by Provider Type:

Street Outreach:
- 1 exit to permanent housing (6%)
- 16 exits to other locations (94%)
- 85 day average length of stay
- 90 day median length of stay

Emergency Shelter:
- 29 exits to permanent housing (27%)
- 79 exits to other locations (73%)
- 73 day average length of stay
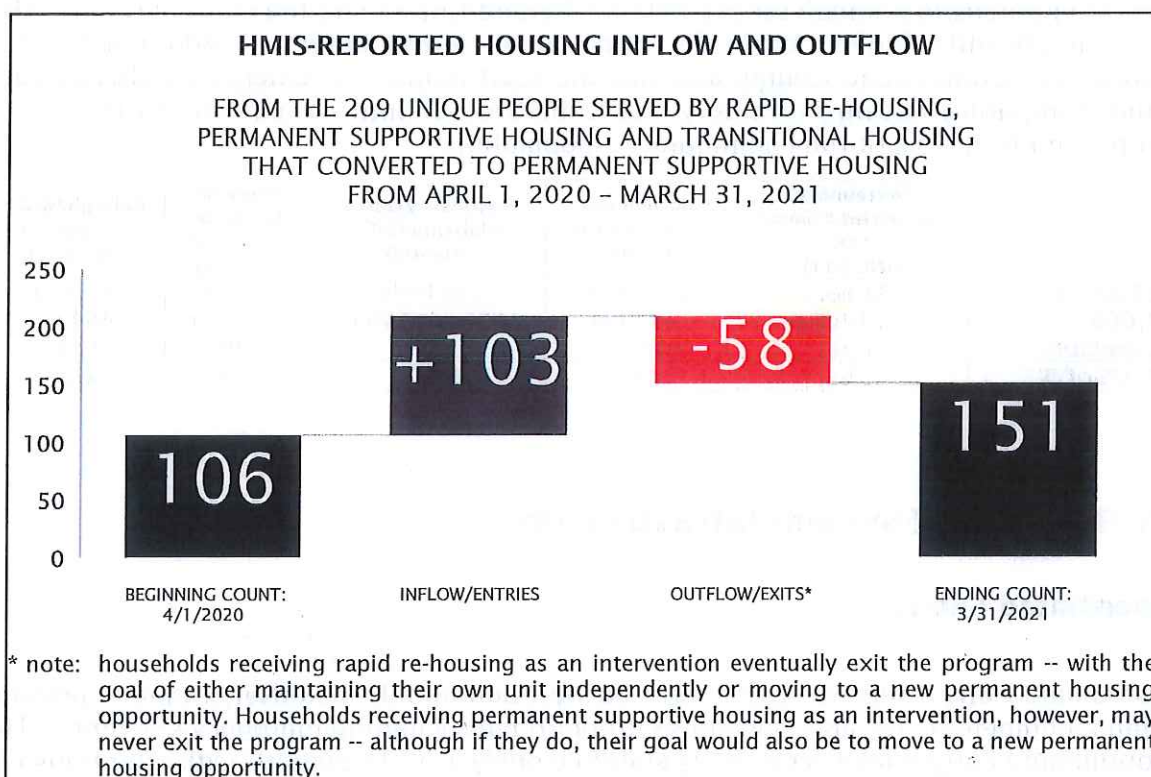- 26 day median length of stay

Transitional Housing:
- 61 exits to permanent housing (94%)
- 4 exits to other locations (6%)
- 453 day average length of stay
- 372 day median length of stay

Of the 99 exits to other locations during the period (exits not to a permanent housing location) 83 were to "client doesn't know/refused/data not collected" or an exit interview

not completed. This can be a common occurrence especially from emergency shelter (79 people) as persons leave on there own without final consultation with staff. The rest of the exits to other locations included: 4 to substance use treatment, 4 to transitional housing, 3 to another emergency shelter, 1 to hospital, 1 to unsheltered homelessness, 1 to a psychiatric institution, 1 to a halfway house, and 1 to temporary stay with family.

HMIS-REPORTED HOUSING INFLOW AND OUTFLOW

FROM THE 209 UNIQUE PEOPLE SERVED BY RAPID RE-HOUSING,
PERMANENT SUPPORTIVE HOUSING AND TRANSITIONAL HOUSING
THAT CONVERTED TO PERMANENT SUPPORTIVE HOUSING
FROM APRIL 1, 2020 – MARCH 31, 2021

BEGINNING COUNT: 4/1/2020	INFLOW/ENTRIES	OUTFLOW/EXITS*	ENDING COUNT: 3/31/2021
106	+103	-58	151

* note: households receiving rapid re-housing as an intervention eventually exit the program -- with the goal of either maintaining their own unit independently or moving to a new permanent housing opportunity. Households receiving permanent supportive housing as an intervention, however, may never exit the program -- although if they do, their goal would also be to move to a new permanent housing opportunity.

In examining housing inflows and outflows from permanent housing projects provides the level of flow through the system. Over the course of the year, primarily through the addition of Rapid Rehousing units, there were more persons served through permanent housing resources. The 58 people that exited housing represent an annual turnover of Rapid Rehousing beds only, as there were no exits from PSH during the time period. Of those 58, 31 exited to permanent supportive housing, 11 to rental public housing, 2 to permanent housing and 14 to other locations.

Emergency Shelter

Cumberland County has very few emergency shelter beds that are part of the coordinated entry and HMIS participation inventory. Coordinated Entry referral is required to access shelter beds except for extreme weather events / winter (called "White Flag). The Salvation Army provides 1 group unit for single men, 1 group unit for single women and 6 units for families with children for a total of 32 beds. There is also a 6-bed capacity for persons fleeing family violence.

A previously used facility (Hope Center) owned by the City of Fayetteville is not currently operating as the City seeks an operator to provide up to 20 beds.

Demand for shelter is most accurately measured by persons experiencing unsheltered homelessness (encampments, vehicles) and persons supported in hotel through non-profit vouchers.

As detailed in the community comparative analysis in this report, Cumberland County has a larger unsheltered population comparing point in time counts proportional to the size of the population. On the night of the homeless count in 2020, over half, 55%, or people experiencing homelessness were unsheltered, spending the night outdoors. This was significantly higher than the comparative communities. Additionally, the Fayetteville/Cumberland County also has the least number of emergency shelter beds when comparing housing inventory charts that are submitted annually to HUD, as a proportion to the size of the community's population.

	Fayetteville/ Cumberland County CoC (NC-511)	Shreveport LA/NW LA CoC (LA-502)	Huntsville/North Alabama CoC (AL-503)	Asheville Buncombe County CoC (NC-501)	Raleigh/Wake County CoC (NC-507)
ES Beds per 1,000 population	38 beds .113 beds per 1000	253 beds .537 per 1000	530 beds .896 per 1000	259 beds .9916 per 1000	509 beds .454 per 1000
% UN of PIT	55%	14%	28%	12%	24%

VI. Examining System Infrastructure

Coordinated Entry

Coordinated entry services (CES), provided by Community HealthNet, triages persons facing a homeless crisis and facilitates entry into participating emergency shelters. The Coordinated Entry intake is currently staffed by only 1.5 FTE positions with intentions to expand to 3.5 FTE.

The CoC conducted a CES annual Evaluation in June 2020 and outlined a number of beneficial action steps for improvement. As part of OrgCode investigation, we conducted a brief workshop with key stakeholders involved in the design, management, use and evaluation of the coordinated entry process. That meeting identified key limitations, needs and system improvements for coordinated entry, many of which affirmed the 2020 evaluation.

	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
ACCESS	-Knowledgeable Provider of CES - Improved Centralization - Question Pro 24/7 - CallPoint technology	- Getting Chronic Unsheltered Connected - Few ES beds	- New PATH Street Outreach -New Salvation Army Street Outreach	-COVID reduction in Beds -Marketing – Community Knowledge how system works -Mis-directed Think CES is a housing guarantee
ASSESSMENT	-CES is maintaining 72 hour turnaround	-Not enough health/disability information collected	- Improve assessment tool hhousing barriers,	

		-Need eligibility info	vulnerabilities, service needs - Adopt progressive engagement strategies in shelter	
PRIORITIZATION	- Have CES housing priority list process	- Need supportive services packaged with mainstream vouchers and rapid rehousing	-Create Rapid Rehousing 'Bridge' Housing between RR and PSH -PATH will assist in making those service - CARES money	-Can't find clients potential tenants -- Need low and moderate acuity clients resources
REFERRAL / MOVE IN	-MSV with homeless preference takes CES referrals	-Need Case Management Pre-Tenancy work -Need Housing navigation, search, placement assistance -Not all PSH is taking referrals from CES as required -No PSH turnover	- Capitalize on CARES funding... CARES ESG-CV ... Rapid Rehousing - Develop MOVING ON to open up PSH queue...Background issues... -Build Landlord recruitment -Affordable Housing Study in progress -The new Emergency Housing Vouchers for homeless – 33 with possibly 17 more	- Landlord screening out - Few affordable units - Few accessible units/ HQS qualified

HMIS

- HMIS has 1.0 FTE staff to conduct all functions including data quality, reporting, training.
- HMIS licenses, trainings and staff position are funded through the City and County
- Not all direct service providers participate in HMIS including shelter and transitional housing providers. SSVF provides significant resources that impact service levels and system outcomes but they are not recorded in the HMIS in order to reflect those successes.

VII. Comparing Homeless Response Systems

There are no two continuum of care communities that are completely alike. All range in geographic, resource, economic and housing market influences. However, there are some basic metrics that can offer perspectives on how Cumberland County is responding, performing and resourcing homelessness.

	Fayetteville/Cumberland County (NC-511)	Shreveport LA/NW LA (LA-502)	Huntsville/North Alabama (AL-503)	Asheville Buncombe County CoC (NC-501)	Raleigh/Wake County (NC-507)
Total Population	335,509[2]	471,160	591,513	261,191	1,112,000
Latest PIT and Unsheltered	2020 - 297 (UN 165)	2020 – 298 (UN 42)	2020 – 561 (UN 155)	2020 – 547 (UN-65)	2020 – 974 (UN 232)
Increase/Decrease Homelessness (change from 2019 to 2020)	372 to 297 -25%	375 To 298 -26%	424 To 561 +24%	580 To 547 - 6%	983 To 974 -1%
CoC 2021 Grant Inventory	$718,673	$4,116,646	$718,541	$1,774,234	$3,709,738
% of Persons in Poverty	18%[3]	25.6%	11.5%	12.2%	8%
HHLD > 50% Cost Burdened Renters (Income < 30 % of HAMI[4])	6,205	5,950	6,745	3,400	18,695
FMR 1 BDR	$743	$715	$690	$1,099	$1,053
Homeless Response System Performance 2019 HUD Tableau	- 1a LOS ES SH TH- **194 days** - M2 Total Returns to homelessness 24 mth - **5 %** - M7b 1 Percent with Successful ES, TH, SH, PH-RRH Exit – **75%**	- 1a. LOS ES SH TH- **69 days** - M2Total Returns to homelessness 24 mth-**15%** - M7b1 Percent with Successful ES, TH, SH, PH-RRH Exit – **36%**	- 1a. LOS ES SH TH- **61 days** - M2Total Returns to homelessness 24 mth-**15%** - M7b1 Percent with Successful ES, TH, SH, PH-RRH Exit – **31%**	- 1a.LOS ES SH TH- **173 days** - M2Total Returns to homelessness 24 mth-**18%** - M7b1 Percent with Successful ES, TH, SH, PH-RRH Exit **59%**	1a.LOS ES SH TH-**66 days** M2Total Returns to homelessness 24 mth-**23%** - M7b1 Percent with Successful ES, TH, SH, PH-RRH Exit – **23%**
HIC ES Beds	38	253	530	259	509
HIC TH Beds	94	52	42	264	239
HIC RRH	29	152	13	31	219
HIC PSH Beds	223 (33 non-VASH)	565 (329 non-VASH)	369 (74 non-VASH)	511 (186 non-VASH)	565 (565 non-VASH)

Some of the more notable differences in the community comparisons is the amount of HUD funded resources. Factors include the poverty levels (Louisiana) on HUD allocations and CoC funding histories including receipt of bonus projects over the years. Also, communities that have more rental assistance line items, those budgeted amounts are frequently increased each year due to fair market rents. Cumberland County CoC grant of $713K only includes $66K in rental assistance with the majority of funding for Supportive Services and Operating Costs.

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[2] American Census Survey 2019 Estimates
[3] Small Area Income and Poverty Estimates (SAIPE) Program 2019
[4] HUD Area Median Family Income

The number of emergency shelter beds in Cumberland County is significantly lower (38) in comparison to other communities. Additionally, the proportion of the homeless that are unsheltered 165 of the total 297 (55%) is significantly higher.

The number and performance of transitional housing programs can influence the average length of stays in homelessness (measure 1a) as well as having few housing resources (RRH and PSH). The majority of PSH housing in Cumberland is veteran only housing (VASH). When lengths of stay are long, beds do not turn over and leave persons unsheltered with no housing option.

Total returns to homelessness after 24 months is reported at only 5%. Analysis of current data in the inflows and outflows from the last ten months indicates a short term return rate of greater than 5% and should be monitored. The national average in 2019 was 17%. It is possible the exceptional low return rate is also due to the number of homeless persons that are not being entered into the HMIS and the limited history of street outreach programs.

The rate of 75% of successful exits to housing is unusually high compared to the other four communities as well as compared to the national average of 45%.

VIII. System Models to Meet Housing Needs

The objective of this analysis is to examine the characteristics of those persons that are not succeeding in the current system, not able to find a pathway out of homelessness or continue to return to homelessness and what it would take to resolve those experiences in homelessness.

From the inflow and outflow estimates, aggregate stayer information from CAPER reports, and personal-level household and acuity level data of stayers and long term homeless, the following analysis assists in building system models of housing strategies and resources and levels of impact.

1. *Making incremental improvements* – Addressing identified priorities with resource shifting, funding reallocation, and/or system redesign. Impact results in more effective pathways through the system, slight improvements in improvement measures.
2. *Making significant improvements* – Addressing multiple priorities with both CoC and non-CoC resources including resource and funding reallocations, system redesign and new community resource commitments. Measurable improvements in performance.
3. *Meeting most housing needs* – Envisioning what it would take to achieve an end to homelessness through a systematic response that ensures homelessness is prevented whenever possible or if it can't be prevented is a rare, brief, and one-time experience. These options represent identifying new resources and brought to scale based on the actual populations and data in the community.

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Housing Needs of Families with Children

Making Incremental Improvements	Making Significant Improvements	Meeting Most Housing Needs
• Implement quarterly assessments of PSH clientele to demonstrate progress in housing stability and evaluate for self-management and independent living to "move up" into HCV or other subsidized or private housing creating new vacancies for families on the CES Housing Priority List • Target / prioritize families with young children, disabled family members and large families for HCV Homeless Preference • Systemize application and enrollment in mainstream benefits, earned income tax credit, and other benefits within first two weeks of shelter	• Target families with children for Rapid Rehousing with greater supportive services connections to employment training , placement, childcare and flexible subsidy policies • Develop Family Diversion Programs to identify HUD At-Risk Families to support shelter diversion and rapid exit with housing navigation, search and one-time financial assistance. • Develop landlord engagement strategies. • Support shelter-based case management focused on housing assessments, barriers and intensive housing navigation, search and placement.	• Screen all families who do not self-resolve homelessness after 30 days of shelter for HCV, FUP and other PHA and related subsidies. • Connect families to guaranteed childcare support and enrollment in health care • Develop workforce strategies – matched with childcare. • Create 32 Units of flexible medium term RRH (up to 24 months)

Housing Needs of Single Individuals

Making Incremental Improvements	Making Significant Improvements	Meeting Most Housing Needs
• Implement quarterly assessments of PSH clientele to demonstrate progress in housing stability and evaluate for self-management and independent living to "move up" into HCV or other subsidized or private housing and create PSH vacancies for chronic persons on the Housing Priority List	• Apply for additional / bonus CoC PSH beds for chronically homeless during the annual competition. • Develop housing navigation, search and placement skilled professionals connected to street outreach and emergency shelter. • Develop a master lease housing program to	• Assist FMHA in building additional voucher programs and expanding homeless preference options – including identifying supportive services partnerships. • Create a structured 'bridge' housing program that establishes initial housing through RRH and evaluates over time need for chronic to 'bridge' to

Making Incremental Improvements	Making Significant Improvements	Meeting Most Housing Needs
• Develop shared housing, roommate matching programs. • Develop supportive employment programs	provide supportive housing for vulnerable populations with significant housing barriers (backgrounds, etc.) • Develop landlord engagement strategies, good neighbor programs, incentives to counter perceived financial 'risk'	PSH when appropriate. • Create 12 0-1 BR Units of Assertive Community Treatment supported PSH. • Create 14 0-1 BR Units of Intensive Case Management supported PSH. • Create 24 1 BR Tenant Supportive Services Coordination PSH connected with employment training and supportive employment

IX. Services and System Gaps Recommendations

Street Outreach Services

- **Outreach Strategy** – Collaboration between housing focused street outreach, emergency response from Police and skilled mental health street response can have a significant impact on community concerns. As the PATH team (Communicare) comes online and the Fayetteville Police Department develops mental health supports for officers, and the Salvation Army Street Outreach expand its coverage, the community should develop coordination, communication and client information sharing protocols.

- **Housing Focused Street Outreach** – Impactful street outreach is driven by a housing focus. Though there are components of the work that assist with basic needs (food, water, information), they should be lead with a housing focus in the same way case managers are in a shelter setting. Recording of all engagements in HMIS ensures that homelessness documentation is continuously secured and street outreach should become an access point for coordinated entry. Housing planning and service connections make up the majority of street outreach efforts in order to realize outcomes of reducing unsheltered homelessness, providing direct connections to shelter and providing housing navigation and placement.

Emergency Shelter & Services

- **Emergency Shelter beds for single individuals**

Cumberland is under resourced for emergency shelter beds. In making planning decisions on beds, configurations and target populations, the community must examine its unsheltered populations and existing shelter services and needs. Generally, in ES planning, one shelter bed is estimated to turn over at least 4 times

a year (avg. 90 day stay maximum). Housing Focused case managers should manage caseloads of no more than 20 persons with work that is solely committed to housing assessment, navigation, preparation, search and placement transitions. In the planning and development of housing focused shelter services, the equation should also include resources for the *exit* from those shelter beds.

- **Housing Focused Emergency Services**

Day services for all persons experiencing unsheltered and emergency shelter that provide housing focused case management, housing information, housing navigation, housing placement. Reinforcing housing based emergency shelter will support performance metrics to reduce the length of stay in homelessness and improve shelter exits to housing.

On average 60% of people who become homeless will be homeless one time and the average length of time they experience that homelessness is correlated to the available housing services and resources. Housing services include:

- o Private sector housing listings, updated daily and posted publicly in shelter, day services, meal locations.
- o Assessment of housing barriers and problem solving – rapid exit housing clerks.
- o Documentation readiness
- o Housing Navigation – application preparation, background pre-searches, landlord advocacy, rent readiness.
- o Housing Search – transportation, landlord negotiation and advocacy
- o Housing Placement – one-time financial assistance, housing set up, move in assistance.

Where CES is directly serving shelter clients, outcomes for successful exits are more frequently experienced as their scope of work is entirely housing focused.

- **Critical Documents** - Critical documents acquisition such as birth certificates, transcripts, and state identifications are also a common barrier to securing housing. These services need to be made broadly available to persons in shelter and experiencing unsheltered homeless with providers assessing document needs early on in their client engagements to begin what can sometimes be a lengthy multi-step process.

- **Flexible Funds** – The need for one-time rent and non-rent related financial assistance that is low-barrier, quickly administered, and accessible to front-line staff can support both diversion and rapid resolution/rapid exit efforts for people where eviction prevention was not possible and homelessness is imminent. These funds can be targeted to low and moderate acuity shelter stayers to resolve barriers to housing applications, employment, or other similar needs to provide opportunity for rapid exit from shelter. Such funding would be directed to those persons experiencing homelessness not able to be served with existing CARES funding. Flexible funding is commonly used for the purpose of critical documents.

- **Formalize Employment Services Accessible in Shelter and to Persons in Rapid and Permanent Supportive Housing** – Ending homelessness requires that the cost of housing and available household income meet. This often requires piecing together the needed resources from income, mainstream benefits, one-time, short term or long term housing/rental financial assistance. Opportunities for earned income generation has to be supported...and for families with children, coupled with childcare.

- **Pre-Tenancy Supports** – Housing prep, search, navigation, placement, transitions can overwhelm persons who may also be experiencing trauma, injury, chronic illness or cognitive limitations. All persons, especially those that are having to navigate a complicated housing application process should be assigned a navigator to assure that any match and referrals are tracked and completed and that any documentation, apartment search, applications are completed and secured so the housing opportunity is not lost and that the resource (e.g., the timestamp on a mainstream housing voucher) and deadlines are met to maximize the value of the voucher.

Rapid Rehousing

- **RRH** – RRH that works more seamlessly with shelter will support reducing the length of stay in shelter. Flexible subsidies rather than mandated terms are found to result in improved exits to housing.

- **Tenancy Supports** – Housing based case management is a needed skill with stages of engagement to result in housing stability and successful exits from programs. RRH staff should be professionally trained in order to support tenants during the changes they are experiencing and to progressively achieve independence.

Permanent Supportive Housing

- **PSH Vacancy Monitoring** – PSH is permanent housing, but there should be occasional turnover as households achieve stability, wellness and independence and able to exit to another long term subsidy (such as HCV). PSH programs must be monitored and evaluated regularly for performance, compliance and demonstrating improvement in client progress. All PSH vacancies must be filled through the Coordinated Entry Housing Priority List process.

- **Recovery-Oriented Housing Model** – Targeted to non-Alliance Health enrolled/service connected persons who are not able to access mainstream vouchers. As PSH is used to house the most vulnerable, acute and chronic homeless, the housing providers will need to adopt housing based case management best practices in supporting clients with a trauma informed housing first approach throughout their tenancy.

- **Development of Permanent Supportive Housing** – Though sometimes difficult, Cumberland County must continue to apply for any HUD COC Program grant opportunities for bonus projects.

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- **Development of Affordable Housing** – Any publicly supported affordable housing developments should target units for households whose income falls below 30% AMI in order to have any impact on reducing the homeless population.
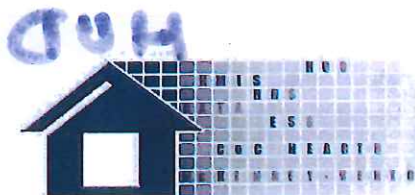
System Level Gaps Recommendations

- **Coordination and Collaboration** – Cumberland County is making progress in improving the coordination and collaborations between system providers and local government. Where possible, these collaborations should be spelled out in formal MOUs and MOAs, even where no funding is transacted. These collaborations when formalized can be influential in the HUD CoC Program Grant national competition for additional funding, as well as provide public commitments that are interpreted by other funding and philanthropic potential sources as evidence of a community willing to make commitments to homelessness together with mutual accountability. Subject areas can include workforce development, childcare, facilities, operations, education, etc.

- **HMIS Enhancements** – The more homeless service providers, including non CoC and ESG funded, organizations participate in the HMIS the more the community can coordinate services, find clients, and document outcomes. Where key providers are not participating in HMIS, discussions and negotiations should be pursued, especially to support coordination of services and document homelessness. HMIS Data Quality will be an important component of overall strategic planning efforts providing performance measurements, evaluation tools, and provider accountability.

Homeless Definition

CRITERIA FOR DEFINING HOMELESS	**Category 1**	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Homeless Definition

RECORDKEEPING REQUIREMENTS			

	Category 1	Literally Homeless	• Written observation by the outreach worker; <u>or</u>
			• Written referral by another housing or service provider; <u>or</u>
			• Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
			
			• For individuals exiting an institution—one of the forms of evidence above <u>and</u>:
			  o discharge paperwork <u>or</u> written/oral referral, <u>or</u>
			  o written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution

	Category 2	Imminent Risk of Homelessness	• A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	Category 3	Homeless under other Federal statutes	• Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> • Certification of no PH in last 60 days; <u>and</u> • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> • Documentation of special needs <u>or</u> 2 or more barriers

	Category 4	Fleeing/ Attempting to Flee DV	• *For victim service providers*:
			  o An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.
			• *For non-victim service providers*:
			  o Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u>
			  o Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u>
			  o Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

The McKinney-Vento Definition of Homeless

Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (per Title IX, Part A of the Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act) defines *homeless* as follows:

The term "homeless children and youths"--

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes--

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;*

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

*Per Title IX, Part A of the Every Student Succeeds Act, "awaiting foster care placement" was removed from the definition of homeless on December 10, 2016; the only exception to his removal is that "covered states" have until December 10, 2017 to remove "awaiting foster care placement" from their definition of homeless.

View the full text of the McKinney-Vento Homeless Assistance Act.

For more information on determining homelessness, visit Determining Eligibility for Services Under McKinney-Vento.