Orange County Ten Year Plan To End Chronic Homelessness

To include the Towns of Carrboro, Chapel Hill, and Hillsborough, North Carolina

Welcome Home

A Bold Proposal to End Homelessness

March 28, 2007

Triangle United Way

Orange County
Partnership to End Homelessness
P.O. Box 8181
Hillsborough, NC 27278

To: Orange County Board of Commissioners
Chapel Hill Town Council
Hillsborough Board of Commissioners
Carrboro Board of Aldermen
Triangle United Way

This document is the product of a two-year community effort to develop a comprehensive approach to addressing the problem of homelessness in Orange County. Its origins lay in the Bush administration's initiative to encourage a nationwide focus on chronic homelessness and the development of community plans to end chronic homelessness within 10 years. The Orange County Partnership to End Homelessness was formed to meet that challenge through the combined efforts of Orange County; the Towns of Hillsborough, Chapel Hill, and Carrboro; the Triangle United Way; Orange Congregations in Mission; Inter-Faith Council for Social Services; OPC Area Program; the Hillsborough Chamber of Commerce; and the University of North Carolina - Chapel Hill. We would like to take this opportunity to thank the members of the community who have given their time to participate in the process.

The process began with a November 2004 Roundtable Discussion to bring the issue of homelessness to the attention of the public. Orange and Durham Counties held a joint press conference to announce the development of 10-year Plans to End Homelessness in February 2005, at which Philip Mangano, Executive Director of the US Interagency Council on Homelessness spoke about the importance of community-based efforts to address homelessness. A second Rountable Discussion on Homelessness was held in April 2005, which featured breakout group discussions on community ownership of homelessness, preventing homelessness, and moving from homelessness to self-sufficiency. A consultant was hired to help with the development of the 10-year plan in September 2005 and a Steering Committee of over 60 people was formed. Eighteen focus group sessions were held throughout the County in February 2006; and intensive interviews along with a Community Forum conducted by a group of graduate students from UNC's School of Public Health were conducted in April 2006. Over the Summer of 2006, a series of subcommittees of the Steering Committee worked to develop the set of recommendations that are contained in this document. A wide range of community and business leaders, social service agencies, County and Town staff, local congregations, citizens, and homeless individuals have participated in and contributed to this effort.

The main focus of the Plan is to end chronic homelessness, without excluding the needs of all homeless individuals and families. The focus on chronic homelessness stemmed from the acknowledgement of Steering Committee members that chronic homelessness has the greatest impact on the community, both in terms of its fiscal costs and its visibility on the streets. While ending chronic homelessness is the focus of the plan, it should be emphasized that other sub-groups of homeless persons will not be ignored. This plan presents additional recommendations that look to serve the needs of all homeless families and individuals and work to prevent homelessness, shorten episodes of homelessness, and rapidly re-house those who experience events that lead to homelessness.

As Co-Chairs of the Steering Committee, we wish to thank the members of the Committee who have given so freely of their time, the Working Group of County and Town staff and representatives of agencies involved in homeless services who have led this project, those citizens of Orange County who have participated in the public meetings, and the sponsors of the Partnership. As the leaders of our community, we hope that you will take this opportunity to review the results of this effort, adopt the plan for your jurisdiction, and support the work of the Steering Committee in the coming years to guarantee the successful implementation of the plan. Your consideration and support are appreciated.

Respectfully submitted,

Moses Carey
Orange County
Board of Commissioners

Nathan Milian
President, N.R. Milian
and Associates

Partnership Workgroup

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Margaret Hauth	Town of Hillsborough
Sharron Hinton	Orange County Manager's Office
Stan Holt	Triangle United Way
Chris Moran	Inter-Faith Council for Social Services
Vanessa Neustrom	OPC Area Program
Rosemary Summers	Orange County Health Department
Laurie Tucker	Inter-Faith Council for Social Services
Emily Dickens	Former Member
Billie Guthrie	Former Member

Steering Committee

Moses Carey, Jr. Co-Chair	Orange County Board of Commissioners
Nathan Milian Co-Chair	President, N.R. Milian and Associates
Mary Beck	Senior VP, UNC Hospitals Planning Office
Clarence Birkhead	Chief of Police, Town of Hillsborough
Jennifer Boger	Board Member, Strowd Roses
Margaret Cannell	Executive Director, Hillsborough/Orange County Chamber of Commerce
Dr. Shirley Carraway	Superintendent, Orange County Schools
Craig Chancellor	President, Triangle United Way
Pam Chevalier	Community Representative
Mark Chilton	Mayor, Town of Carrboro
Loryn B. Clark	Housing and Neighborhood Services Coordinator, Town of Chapel Hill

Steering Committee (Cont'd)

Terry Colville	Orange Congregations in Mission
Linda Convissor	Director of Local Relations, UNC-Chapel Hill
Nancy Coston	Social Services Director, Orange County
Rev. Stephen Elkins-Williams	Chapel of the Cross
Tara Fikes	Housing and Community Development Director, Orange County
Mariana Fiorentino	Chapel Hill-Carrboro Board of Realtors
Kevin Foy	Mayor, Town of Chapel Hill
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Rev. Sharon Freeland	Executive Director, Orange Congregations in Mission
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Rev. Brooks Graebner	St. Matthew's Episcopal Church
Sally Greene	Council Member, Town of Chapel Hill
Eric Hallman	Hillsborough Board of Commissioners
James Harris	Community and Economic Development Director, Town of Carrboro
Gwen Harvey	Assistant County Manager, Orange County
Margaret Hauth	Planning Director, Town of Hillsborough
Ann Henley	Board Chair, Inter-Faith Council for Social Services
Sharron Hinton	Community Services Director, Orange County
Stan Holt	Homeless Coordinator, Triangle United Way
Cal Horton	Retired Town Manager, Town of Chapel Hill
Carolyn Hutchinson	Chief of Police, Town of Carrboro
Gregg Jarvies	Chief of Police, Town of Chapel Hill
Marie Lamoureaux	Orange County District Court
Dr. Jessica Lee	Chair, Orange County Board of Health
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Diana McDuffie	Community Member
Flo Miller	Assistant Town Manager, Town of Chapel Hill
Paul S. Monn	Community Member
Chris Moran	Executive Director, Inter-Faith Council for Social Service
Vanessa Neustrom	OPC Area Program
Neil Offen	Chapel Hill Herald
Fara Palumbo	Blue Cross Blue Shield of NC

Steering Committee (Cont'd)

Elizabeth Parham	Chapel Hill Downtown Partnership
Jefferson Parker	Director of Finance, Chrysalis Foundation for Mental Health, Inc.
Neil Pedersen	Superintendent, Chapel Hill-Carrboro City Schools
Lindy Pendergrass	Sheriff, Orange County
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Melissa Radcliff	Family Violence Prevention Center
Andrea Rohrbacher	Chapel Hill Downtown Partnership
Adam Schaefer	Town of Chapel Hill
Tom Stevens	Mayor, Town of Hillsborough
Steve Stewart	Town Manager, Town of Carrboro
Rosemary Summers	Health Department Director, Orange County
Gerald Swinehart	Community Member
Robbin Taylor-Hall	President, Hillsborough Chamber of Commerce
Nick Tennyson	Durham/Orange Homebuilders Association
Judy Truitt	Area Program Director, OPC Mental Health
Bob Williamson	Department of Social Work, VA Medical Center
Mark Zimmerman	Former Chair of Board of Directors, Chapel Hill-Carrboro Chamber of Commerce

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Orange County

Ten Year Plan To End Chronic Homelessness

Executive Summary

Vision—Through the combined effort of elected officials, service providers, business leaders, government agencies, and the citizens of Orange County, chronic homelessness in Orange County will end within 10 years. Current and future efforts to serve the needs of all homeless individuals and homeless families will continue to be supported toward the goal of permanent housing.

A point-in-time survey was sponsored by the North Carolina Council for Coordinating Homeless Programs on January 26, 2005. The survey was conducted in 80 counties across the state and the resulting count for that one specific night was 11,165 individuals experiencing homelessness with 3,523 of them being children. This was an increase from the December 2003 count of 9,867 individuals, including 1,287 children. The 2005 point-in-time count, required by HUD for the State Continuum of Care, showed that in North Carolina 1,389 individuals were identified as experiencing chronic homelessness. Nearly 13 percent of people identified as homeless in North Carolina were considered to be chronically homeless and chronic homelessness affected 1.63 persons per 10,000 residents.

Orange County reflects the complex characteristics and special needs of all homeless people throughout the state. According to the County's 2006 Continuum of Care, 237 individuals were identified as experiencing homelessness. Thirty-nine of those individuals were chronically homeless. In the 2007 point-in-time survey, 224 people were identified as experiencing homelessness in Orange County. Seventy-one of those persons were chronically homeless. Some homeless people require limited assistance in order to regain permanent housing and self-sufficiency. Others, especially people with physical or mental disabilities, require extensive and long-term support.

Homelessness is a complicated problem rising from the changing social, economic, political, and cultural conditions of the past 25 years. This plan makes systemic changes to and integrates the homeless services system in order to end chronic homelessness in Orange County and raises awareness of issues related to homelessness among all residents.

Reasons for Chronic Homelessness

Lack of Affordable Housing- Most homeless persons do not earn enough to cover their basic needs, such as food and clothing, while others have very-low incomes, just enough to sustain themselves. Paying a mortgage or market rate rent would be impossible in their economic condition. In Orange County, an annual income of $31,400 is needed to afford a two-bedroom apartment, and minimum wage employees are required to work 117 hours per week to afford the same Fair Market Rate unit.

Insufficient Income- The most significant factor facing households when considering housing affordability and availability is income. The median household income (MHI) for residents of Orange County, as reported in the US Department of Housing and Urban Development for 2006 was $61,700.

Inadequate Services- Chronic homeless people often have to deal with physical or mental disabilities, physical or mental illness, alcohol and drug abuse, or domestic violence. According to the 2000 Census, over 6,412 persons (5.42%) in Orange County had a physical disability, 5,221 (4.42%) had a work disability, 3,883 (3.28%) had a mental disability, 2,588 (2.19%) had a sensory disability, and 1,876 (1.59%) had a self-care disability. There were nearly 24,630 (20.83%) disabled people in the county in 2000.

Inadequate Discharge Planning- When people are released from public institutions or public systems of care without adequate discharge planning, they are more likely to become homeless. The populations included in this category would be people discharged out of correctional institutions, hospitals, and mental health institutions and children aging out of foster care.

Cost of Chronic Homelessness

According to the results of research conducted by the Center for Mental Health Policy and Services Research at University of Pennsylvania in 2001, the service reductions resulting from supportive housing were reported to save the public $12,145 annually for each individual placed. About 95 percent of the cost reductions are associated with reductions in healthcare and shelter services. Based on estimates from examples across the country, Orange County spends up to $1,600,000 per year on the chronic homeless population and could save up to $860,000 per year through the implementation of the plan.

Planning and Analysis of Local Homeless Services

The lead organization for the Orange County Continuum of Care is the Orange-Person-Chatham (OPC) Area Authority. The Partnership to End Homelessness Steering Committee, a large group comprised of civic leaders, stakeholders, and policymakers throughout the community, was created to guide the 10-year planning process. The Partnership to End Homelessness Working Group, a collection of town, county, and social service agency staff, is involved with the daily activities of the 10-Year planning process and provides recommendations and updates to the Steering Committee.

An inventory of homeless service organizations in Orange County is provided in Section 2 of the Plan. As reported in the 2006 Continuum of Care, there were 64 individual beds in emergency shelters, 24 individual beds in transitional housing, and 90 beds in permanent supportive housing, including those for those experiencing chronic homelessness in Orange County. There was an unmet need of 161 individual beds and 39 beds for those experiencing chronic homelessness in 2006.

"Monthly Supplemental Security Income (SSI) payments for individuals are $603 in North Carolina. If SSI represents an individuals sole source of income, $181 in monthly rent is affordable, while the FMR for a one-bedroom is $573."

- *National Low-Income Housing Coalition*

Ten-Year Plan Outcomes

Goals and Strategies for the Orange County 10-Year Plan were generated through the efforts of subcommittees formed from the Steering Committee of the Orange County Partnership to End Homelessness and participants from the Community Forum. They were designed to provide a comprehensive push to end chronic homelessness in Orange County, while maintaining a strong focus on serving the needs of non-chronic homeless families and individuals. See Section 3.1 starting on page 37 for a complete list of tactics that accompany these strategies. The goals and strategies of the Plan are:

Goal 1: Reduce Chronic Homelessness

Strategy 1.1: Establish an assertive street outreach program that targets unsheltered homeless people at natural gathering places throughout Orange County.

Strategy 1.2: Establish an outreach system in Northern Orange County that uses the congregate feeding programs as a place to begin identifying those who are chronically homeless in the rural part of the county.

Strategy 1.3: Create an Assertive Community Treatment (ACT) Team that targets those who are chronically homeless and integrates the team with the above outreach efforts.

Strategy 1.4: Ensure that both inpatient and outpatient substance abuse treatment is made available to those chronically homeless individuals who desire that service. If inpatient treatment is necessary, make sure that permanent housing is not lost during the inpatient stay.

Strategy 1.5: Identify strategies designed to address the needs for shelter and services for individuals with complex behaviors that result in being banned from kitchen/shelter services.

Strategy 1.6: Sheltered chronically homeless people will be able to move into permanent housing by receiving the services necessary for them to obtain and maintain permanent housing.

Strategy 1.7: 40 units will be rehabbed/rented/built to provide permanent supportive housing (including the use of Assertive Community Treatment Teams) for the chronic homeless in Orange County within the first 3-5 years of the plan.

Strategy 1.8: Ensure that nonprofit developers have the organizational and financial capacity to create new housing units within the community for the chronically homeless.

Strategy 1.9: Identify a wide variety of sites for housing the chronically homeless throughout the county in the most fair and effective places within the county.

Strategy 1.10: Establish a rigorous evaluation mechanism that measures the cost of individuals who are chronically homeless before and after they are receiving housing and support services.

Goal 2: Increase Employment

Strategy 2.1: Current supportive employers will increase the number of homeless people they hire.

Strategy 2.2: Potential employers will increase their understanding of those who are homeless and hire homeless or formerly homeless individuals.

Strategy 2.3: Design and implement a model employment and training program that focuses on individualized assessment, job goals, and placement activities.

Strategy 2.4: Develop and implement a credentialing process designed to create skills that prepare homeless persons for employment by establishing partnerships with local Chambers of Commerce to convene and educate about homeless people and their employment needs.

Strategy 2.5: Enhance the skills development center that exists on Franklin Street and develop a comparable site in Hillsborough.

Strategy 2.6: Design and implement a strategy targeting those who are aging out of the foster care system as a way to prevent future homelessness by building a successful employment history and supporting ongoing financial literacy efforts.

Strategy 2.7: Support and build on the "Wheels for Work" model that is currently only available to work first participants.

Strategy 2.8: Increase the number and availability of child care slots in quality child care centers for homeless families.

Strategy 2.9: Support transportation expansion plan in Chapel Hill Transit System and Triangle Transit Authority.

Strategy 2.10: Endorse ongoing discussions between Orange Transportation and Chapel Hill Transit System.

Goal 3: Prevent Homelessness

Strategy 3.1: Youth aging out of the foster care system will maintain a relationship with human services in order to prevent homelessness.

Strategy 3.2: Begin examining the data and relevant strategies designed to work with unemancipated youth between the ages of 16-18 who are running away.

Strategy 3.3: Those exiting prison, the military, hospitals and other health related institutions will not be discharged into homelessness.

Strategy 3.4: Assess the actual need and develop step down housing for those exiting inpatient substance abuse treatment services. This housing should create a safe and supportive environment designed to promote recovery.

Strategy 3.5: Those with unstable housing will receive the necessary services to prevent loss of housing. This includes families who are doubled up that may lose their housing, those who are experiencing an immediate health care crisis that jeopardizes their housing, and those who have received eviction notices.

Strategy 3.6: Develop a plan designed to address the current gap in affordable housing units available to homeless families and individuals.

Goal 4: Increase Access to Services

Strategy 4.1: Improve the network of homeless service providers to eliminate individuals from falling through the cracks.

Strategy 4.2: Homeless people will be engaged and enrolled in the appropriate services.

Strategy 4.3: Develop a system designed to decrease the length of time necessary for individuals to receive identification.

Strategy 4.4: Decrease the wait for Medicaid disability.

Strategy 4.5: Improve Health Care/Dental Care.

Strategy 4.6: Improve the capacity of current providers to serve as a point-of-entry, including sufficient funding to support a facility that is open 24 hours a day, seven days a week.

Strategy 4.7: Increase access to community resources (jobs, housing, services, and childcare) in order to develop a maximum 90-day length-of-stay strategy for homeless persons in shelters to facilitate their return to permanent housing.

Goal 5: Increase Public Participation in Ending Homelessness

Strategy 5.1: Identify specific strategies that eliminate NIMBYism (Not In My Back Yard) in Orange County.

Strategy 5.2: Increase the number of volunteers directly working with homeless people.

Strategy 5.3: Increase positive media support.

Strategy 5.4: Improve the PR presence of current providers within Orange County.

Strategy 5.5: Develop strategies that demonstrate “proven results” to the taxpayers of Orange County. Include specific values for the benefits associated with investing in mental health.

Implementation

The Goals and Strategies are provided in the last section of this document and are presented with estimates on their timeframe for implementation, costs associated with the effort, and natural partners. Start Time Frame refers to strategies to be addressed starting in Year 1, Years 2 through 4, Years 5 through 7, or Years 8 through 10, though a strategy begun in Year 1 may be pursued through all 10 years of the plan. Estimated costs are less than $10,000 for Low, $10,000 to $50,000 for Medium, and more than $50,000 for High. Natural Partners are those organizations and agencies seen as having a direct organizational interest in pursuing that particular strategy. The section also contains guidelines for plan implementation, the structure of an Executive Committee to oversee the process, and staff to manage it.

Housing First Best Practice Example - Denver, Colorado

The following best practice example is one of several offered in Appendix D.

The Colorado Coalition for the Homeless (CCH) created 100 units for chronically homeless individuals through the Denver Housing First Collaborative (DHFC) in 2003 with funding provided by a collaboration of federal agencies. The DHFC involved CCH as the lead agency, the Denver Department of Human Services (DDHS), Denver Health (DHHA), Arapahoe House, the Mental Health Center of Denver (MHCD), and the Denver VA Medical Center. The housing first approach has been incorporated as a priority strategy into Denver's Road Home – Denver's Ten Year Plan to End Homelessness. Funding was provided for a second housing first team at CCH (16th Street Housing First Program) to serve 50 additional chronically homeless individuals.

A cost-benefit study published by the Denver Housing First Coalition in December, 2006 examined health and emergency service records of a sample of participants of the DHFC for the 24 month period prior to entering the program and the 24 month period after entering the program. The total sample size for the study was 19 individuals, based on their enrollment time in the program (24 months of enrollment) and a willingness to release their medical information. For the sample, the total emergency related costs for the sample group declined by 72.95 percent, or nearly $600,000, in the 24 months of participation in the DHFC program compared with the 24 months prior to entry in the program. The total emergency cost savings averaged $31,545 per participant. Specific results included reductions in detox visits by 82 percent, reduced incarceration days and costs of about 76 percent, and an overall reduction of inpatient medical costs of 66 percent. The study found the only cost increase was in outpatient care, as "participants were directed to more appropriate and cost effective services…"

Scope of Services Recommended – The graphic on the following page provides a visual representation of the target populations and focus of the outcomes listed above. While this plan specifically addresses the chronic homeless population, the graphic shows that other homeless populations are also covered by the strategies put forward. The color of each goal and strategy indicates the target population. The abreviation(s) provided to the right of each strategy indicates the focus of the

Scope of Services Recommended

	Focus
Goal 1: Reduce Chronic Homelessness	
Strategy 1.1	O/CM
Strategy 1.2	O/CM
Strategy 1.3	O/CM, S/T
Strategy 1.4	S/T
Strategy 1.5	O/CM
Strategy 1.6	S/T, H
Strategy 1.7	H, S/T
Strategy 1.8	E/CB
Strategy 1.9	H
Strategy 1.10	E/CB
Goal 2: Increase Employment	
Strategy 2.1	J/T
Strategy 2.2	E/CB
Strategy 2.3	S/T
Strategy 2.4	S/T
Strategy 2.5	S/T
Strategy 2.6	S/T
Strategy 2.7	J/T
Strategy 2.8	S/T
Strategy 2.9	J/T
Strategy 2.10	J/T
Goal 3: Prevent Homelessness	
Strategy 3.1	S/T
Strategy 3.2	E/CB
Strategy 3.3	DP
Strategy 3.4	H
Strategy 3.5	S/T, H
Strategy 3.6	H
Goal 4: Increase Access to Services	
Strategy 4.1	S/T
Strategy 4.2	S/T
Strategy 4.3	S/T
Strategy 4.4	S/T
Strategy 4.5	S/T
Strategy 4.6	E/CB
Strategy 4.7	O/CM
Goal 5: Increase Public Participation in Ending Homelessness	
Strategy 5.1	P
Strategy 5.2	S/T, P
Strategy 5.3	P
Strategy 5.4	P
Strategy 5.5	P

Target:	
Chronic	
Individuals	
Families	
Youth	

Focus:	
Outreach/Case Management	O/CM
Services/Treatment	S/T
Housing	H
Evaluation/Capacity Building	E/CB
Jobs/Transportation	J/T
Perceptions	P
Discharge Planning	DP

1. Planning Process

1.1 Data Collection

The development of this 10-year Plan to End Chronic Homelessness involved broad community participation. This emphasis was a local initiative, aimed at providing an ongoing effort to educate the community and garner their buy-in to the process, recommendations, and implementation. While this community participation process was time consuming, the resulting acceptance of the planning effort makes the added time required well worth it.

The process of developing this plan began with a Roundtable Discussion on Homelessness in November of 2004. The discussions addressed the needs and challenges facing the homeless, homelessness in Orange County, community ownership for ending homelessness, homelessness prevention, and moving people from homelessness toward self-sufficiency.

The roundtable discussion was followed in February of 2005 by a joint press conference with Durham County at which the 10-year Plan to End Homelessness was announced. Special guest for the press conference was Philip Mangano, Executive Director of the US Interagency Council on Homelessness.

A second roundtable discussion was held in April of 2005, repeating the topics from the roundtable held in November and bringing wider community participation into the process.

In September 2005 a consulting firm was hired to assist in the development of the 10-year Plan and soon thereafter a Steering Committee made up of a wide variety of business, civic, and nonprofit leaders was named. The first Steering Committee meeting was held in January 2006.

A series of focus group sessions and intensive interviews with homeless persons were held in February 2006, from which was derived a set of service themes that were common to the focus group discussions. These themes were the subject of a public forum held in April 2006 at which the Action-Oriented Community Assessment (AOCA) Team from the School of Public Health at the University of North Carolina at Chapel Hill led discussions of potential strategies to address the major issues of homelessness.

The forum was followed by a series of meetings of sub-committees of the Steer-

ing Committee where the outcomes presented in this document were developed. The meetings were held in June and July of 2006, led by Stan Holt of the Triangle United Way. More details of these meetings, and other community activities leading to the development of the plan, are discussed below.

1.1.1 Focus Groups

Eighteen focus group sessions were held in February 2006 in a effort to bring wide public participation into the identification of major issues affecting homelessness in Orange County. Each session was targeted to a specific segment of Orange County. The targeted groups included the business community, housing providers, social service providers, government leaders, public safety departments, public health administrators, homeless service providers, the faith community, and homeless individuals.

Each focus group was hosted by a member of the Steering Committee, with invitations under their signature sent to potential participants. The sessions were held at a variety of locations across the county and audio recordings were made for future reference. Participants were sent a list of questions ahead of time to familiarize them with the topic and stimulate their thoughts on homelessness prior to the event.

Each focus group was hosted by a member of the Steering Committee, with invitations under their signature sent to potential participants.

Discussions lasted approximately an hour and a half. Detailed notes were taken at each session, summarized, and presented to the Steering Committee. The major issues identified in the summary became the focus topics at the public forum held in April, 2006.

A detailed report of the Focus Group sessions is provided in Appendix A at the end of this document.

1.1.2 Action-Oriented Community Assessment

A five-member Action-Oriented Community Assessment Team of graduate students came to this project from Department of Health Behavior and Health Education in the School of Public Health at the University of North Carolina. The students were guided by two preceptors, Billie Guthrie, Housing Coordinator at OPC Area Program, and Stan Holt, Homeless Coordinator at Triangle United Way, both of whom were members of the Working Group for the 10-year Plan to End Chronic Homelessness. They worked extensively with the homeless community from September 2005 through April 2006 in an effort to support the planning process by establishing working relationships with homeless individuals, conducting interviews with homeless persons, attending focus group sessions, and developing a set of major issues which matched those issues identified in the focus groups session analysis.

The student team led a discussion of possible solutions to the major issues of homelessness in Orange County at a public forum held at the Stanback Middle School in April 2006. Attendees were asked to select one of five sub-groups which proposed a set of action steps and recommendations to address specific aspects of homelessness. Each sub-group included a variety of citizens from across the county, including members of the business, social service, and faith communities, homeless individuals, and con-

cerned citizens. The discussions lasted for two hours, with a break at the mid-point, and each sub-group reported their results at the end of the evening to the combined audience.

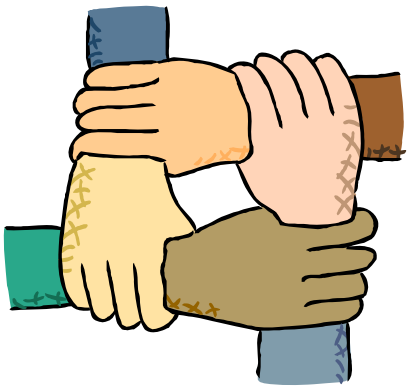
A detailed report of the recommendations generated at the AOCA public forum is provided in Appendix B at the end of this document.

1.1.3 Secondary Data Documents

Additional data were collected through existing planning documents developed by or for local social service and government agencies. These include the Consolidated Plan prepared for the U.S. Department of Housing and Urban Development as required for the Community Development Block Grant (CDBG), HOME Investment Partnership (HOME), and HUD Supportive Housing Grant Program and the Continuum of Care, a local response to HUD's Supportive Housing Grant Program.

The Consolidated Plan includes an analysis of the local housing market, a needs analysis for housing and homelessness, a 5-year strategic plan to address housing, homeless, other special populations, and non-housing community development needs, and a one-year action plan. The document is a community-based effort that includes public participation in the identification of community needs and public comment on the recommendations found in the strategic plan and annual action plan. The document provided input on homeless needs and provided a base structure for recommendations for ending homelessness in Orange County.

The lead organization for the Chapel Hill/Orange County Continuum of Care (CoC) is the Orange-Person-Chatham (OPC) Area Authority. The Partnership to End Homelessness Steering Committee, a large group comprised of civic leaders, stakeholders, and policymakers from throughout the community, was created to guide the 10-year planning process. The Partnership to End Homelessness Working Group, a collection of town, county, and social service agency staff, is involved with the daily activities of the 10-Year planning process and provides recommendations and updates to the steering committee.



2. Nature of Homelessness in Orange County

2.1 Definitions of Homelessness & Chronic Homelessness

The definition of homelessness characterizes the dimensions of homelessness. The definition can include or exclude certain populations in receiving homeless services. The classification of different types of homelessness provides scope for the remedial actions. Defining chronic homelessness clarifies the target population of the Plan.

Homelessness- According to the Stewart B. McKinney Homeless Assistance Act, a person is considered homeless who:

- Lacks a fixed, regular, and adequate night-time residence; or
- Has a primary night-time residency that is:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
  - An institution that provides temporary residence for individuals intended to be institutionalized; or,
  - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Chronically Homeless- A chronic homeless person, as defined by the Department of Housing and Urban Development, is an unaccompanied individual with a disabling condition who has been either continuously homeless for more than one year or has had at least four episodes of homelessness in the past three years.

The definition most commonly applied in determining whether someone is homeless is the lack of "regular and customary access to a conventional dwelling unit" (National Coalition for the Homeless, 1989). Because of the cyclical nature of homelessness for many, the National Law Center on Homelessness and Poverty has suggested a three-part definition for homelessness:

Chronically homeless- An average of two episodes, lasting a total of 650 days (National Law Center on Homelessness and Poverty, 2001).

Episodically homeless- Four to five episodes of homelessness lasting a total of 265 days.

Transitionally homeless- A single episode of homelessness lasting an average of 58 days.

2.2 The Nature of Homelessness

In order to end homelessness, it is necessary to understand the needs and characteristics of the sub-populations of this large group. The most significant sub-groups are people who experience chronic homelessness, families, and single adults.

Nature of Homelessness in U.S- According to the US Conference of Mayors Hunger and Homelessness Survey conducted in 2005:

- Between 2004 and 2005 requests for emergency shelter in the survey cities increased by six percent and 71 percent of the cities registered an increase,
- Requests for shelter from homeless families increased by five percent with 63 percent of the cities reporting an increase,
- People remain homeless an average of seven months in the 24 cities participated in the survey,
- An average of 22 percent of homeless people in the survey cities were mentally ill and 30 percent were substance abusers,
- Fifteen percent were employed,
- Eleven percent were veterans,
- Fourteen percent of the requests for emergency shelters were unmet, and
- Lack of affordable housing was the most frequent cause of homelessness.

Nature of Homelessness in North Carolina- According to the results of a January 26, 2005 point-in-time survey conducted in 80 counties by the North Carolina Interagency Council for Coordinating Homeless Program:

- 11,165 people were identified as homeless,
- 3,523 of those identified as experiencing homelessness were in families, and
- 2,303 of those counted were children.

From those who provided descriptive information, the following attributes were identified:

- Twenty-nine percent of single people and eight percent of family members stated they were military service veterans;
- Thirty percent of single people and 15 percent of family members identified themselves as having been released from the criminal justice system,
- Twenty-seven percent of single individuals and 10 percent of family members were recently released from treatment programs, and
- Fourteen percent of single people and four percent of those in families identified themselves as having been recently released from a medical institution.

In Orange County, 237 homeless individuals were counted on January 26, 2006.

Nature of Homelessness in Orange County– A point-in-time survey was conducted by the Orange County Community Initiative to End Homelessness on January 25, 2006. Although the figures are incomplete because not all of the street counters and/or agencies were able to assess and thereby account for mental illness and substance abuse, they provide a good estimate of the homeless population in Orange County. A new point-in-time survey was conducted in 2007, which reported 224 homeless persons in the county, of which 71 persons were chronically homeless.

- 237 individuals were counted on January 26, 2006,
- 154 of those experiencing homelessness were single individuals and persons in households without children,
- 27 families with children were counted, accounting for 83 individuals,

- 39 people were considered to be chronically homeless,
- 54 were identified as being severely mentally ill,
- 88 were identified as being chronic substance abusers,
- 11 were veterans,
- 11 were identified as persons with HIV/AIDS, and
- 27 were victims of domestic violence.

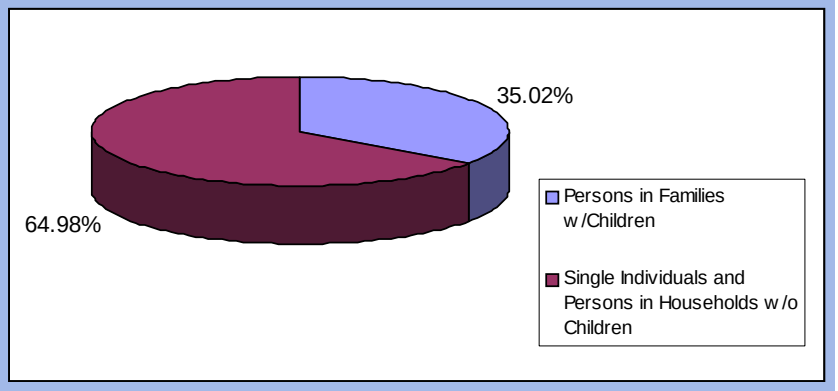
The charts and tables, below and on the following pages, illustrate data from the 2006 Continuum of Care.

Table 1: Homeless Population

Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Persons in Families with Children	10	73		83
Number of Single Individuals and Persons in Households without Children	91	31	32	154
Total Persons	111	104	32	237

Source: 2006 Continuum of Care

Chart 1: Homeless Population



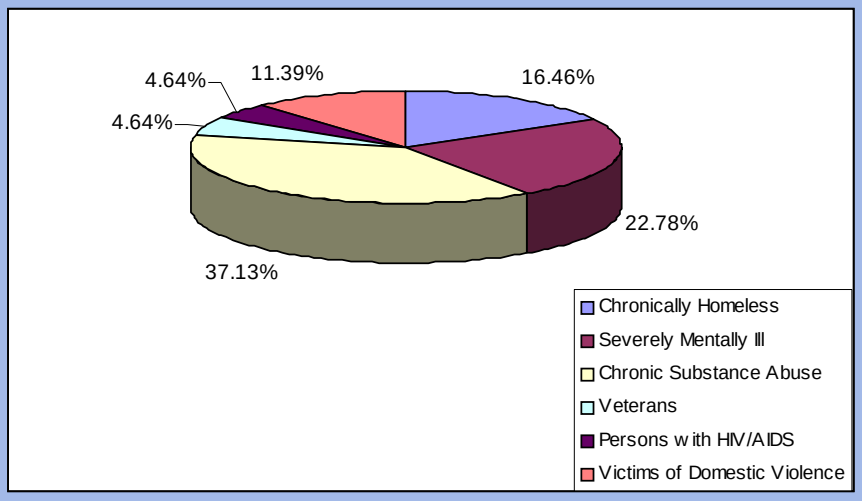
Source: 2006 Continuum of Care

Table 2: Homeless Subpopulations in Orange County

Homeless Subpopulations	Sheltered	Unsheltered	Total	Percent
Chronically Homeless	29	10	39	16.46%
Severely Mentally Ill	49	5	54	22.78%
Chronic Substance Abuse	73	15	88	37.13%
Veterans	10	1	11	4.64%
Persons with HIV/AIDS	10	1	11	4.64%
Victims of Domestic Violence	25	2	27	11.39%
Total Persons Counted			237	100.00%

Source: 2006 Continuum of Care

Chart 2: Homeless Subpopulations in Orange County



Source: 2006 Continuum of Care

2.3 Reasons for Homelessness

Lack of Affordable Housing- Most homeless persons do not earn enough to cover their basic needs, such as food, clothing, and housing, while others have very-low incomes, just enough to sustain themselves. Paying mortgage or market rate rent would be impossible in their economic condition. A significant indicator of housing affordability is demonstrated by analyzing the data on the percentage of renters paying more than 30 percent of their household income on housing expenses. Households spending more than 30 percent of their income on housing expenses are considered to be cost burdened. Higher percentage of cost burdened households in a particular income group indicates the lack of affordable housing options. In Orange County, over 48 percent of all households paid more than 30 percent of their household income on housing expenses. Table 3, below, shows the details on the rents paid by income group. Lower income groups are much more likely to be financially burdened with their rent payments.

Table 3: Percent of Household Income for Rent by Income Group (data from sample)

Income Group	#	%	Income Group	#	%	Income Group	#	%	Income Group	#	%
Less than $10K	4,172	100.00%	$10K to $19,999	3,459	100.00%	$20K to $34,999	4,610	100.00%	$35K to $49,999	3,230	100.00%
Less than 20%	29	0.70%	Less than 20%	129	3.73%	Less than 20%	462	10.02%	Less than 20%	1,276	39.50%
20 to 24%	51	1.22%	20 to 24%	81	2.34%	20 to 24%	564	12.23%	20 to 24%	1,069	33.10%
25 to 29%	21	0.50%	25 to 29%	200	5.78%	25 to 29%	969	21.02%	25 to 29%	404	12.51%
30 to 34%	78	1.87%	30 to 34%	193	5.58%	30 to 34%	1,004	21.78%	30 to 34%	131	4.06%
35% or more	3,263	78.21%	35% or more	2,704	78.17%	35% or more	1,480	32.10%	35% or more	236	7.31%
Not computed	730	17.50%	Not computed	152	4.39%	Not computed	131	2.84%	Not computed	114	3.53%

Income Group	#	%	Income Group	#	%	Income Group	#	%	Income Group	#	%
$50K to $74,999	2,254	100.00%	$75K to $99,999	768	100.00%	$100K or more	644	100.00%	All Inc. Groups	19,137	100.00%
Less than 20%	1,628	72.23%	Less than 20%	667	86.85%	Less than 20%	589	91.46%	Less than 20%	4,780	24.98%
20 to 24%	297	13.18%	20 to 24%	51	6.64%	20 to 24%	24	3.73%	20 to 24%	2,137	11.17%
25 to 29%	127	5.63%	25 to 29%	28	3.65%	25 to 29%	0	0.00%	25 to 29%	1,749	9.14%
30 to 34%	47	2.09%	30 to 34%	16	2.08%	30 to 34%	0	0.00%	30 to 34%	1,469	7.68%
35% or more	67	2.97%	35% or more	0	0.00%	35% or more	0	0.00%	35% or more	7,750	40.50%
Not computed	88	3.90%	Not computed	6	0.78%	Not computed	31	4.81%	Not computed	1,252	6.54%

Source: U.S. Census 2000

As shown in the table, over 80 percent of those earning less than $10,000 per year paid more than 30 percent of their income on housing. The next income group, $10,000 to $19,999 per year, shows an even higher cost burden. Of this category, nearly 84 percent pay more than 30 percent of their income on housing expenses. In the next income category, $20,000 to $34,999 per year, nearly 54 percent of households paid a high percentage of their income for housing expenses. Only the in upper income levels (household incomes over $100,000) did no households exceed the 30 percent level in housing expenses. Higher percentages of cost burdened households, particularly in lower income groups, indicates a shortage of affordable housing. Cost burdened households are at a risk of becoming homeless. A drop in income or a rent increase can push the cost burdened households to become homeless.

HUD officials estimate "that there are five million households in the U.S. with incomes below 50% of the local median who pay ore than half of their income for rent or live in severely substandard housing." More than 5,500 Orange County households are included in these numbers and are at risk of losing their homes. In Orange County an annual income of $31,400 is needed to afford a 2-bedroom apartment, and minimum wage employees are required to work 117 hours per week to afford the same Fair Market Rent unit.

Insufficient Income- The most significant factor facing households when considering housing affordability and availability is income. The median household income (MHI) for residents of Orange County, as reported in the 2006 by HUD, was $61,700. In 2000, nearly 12 percent of the households in Orange County reported an income less than $10,000; just over 12 percent reported an income from $15,000 to $25,000; and nearly 12 percent reported an income between $25,000 and $35,000.

Nearly 20 percent of the African-American population lived in poverty in 2000.

Table 4: Unemployment

	# Unemployed	Unemployment Rate
Orange County	2,410	3.71%
White	1,487	2.95%
African-American	592	7.31%
Hispanic	144	4.72%

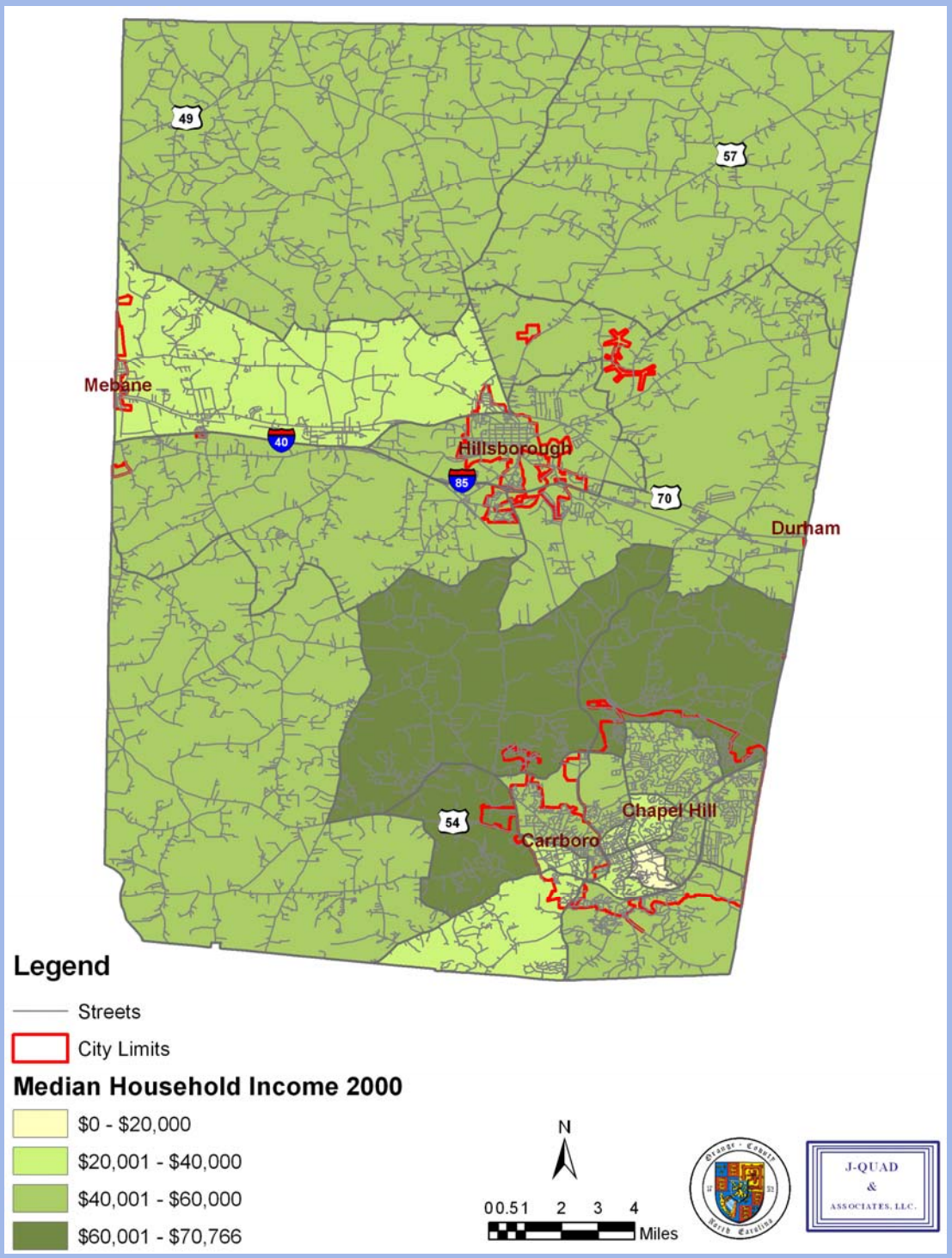
Source: 2000 U.S. Census

Just over 28 percent of African-American households reported an income below $15,000 in 2000, compared to 15 percent of White households and 24 percent for Hispanic households. Nearly 20 percent of the African-American population lived in poverty in 2000, compared to 12 percent of the White population and 27 percent of the Hispanic population. Nearly 38 percent of African-American children below the age of 5 and 33 percent of Hispanic children below the age of 5 lived in poverty, compared to five percent of White children.

Often unemployment may be a cause of homelessness for some individuals and families. It can be seemingly impossible for those who are experiencing homelessness to gain stability without adequate employment. As Table 4 illustrates above, the White non-Hispanic unemployment rate was nearly three percent, while Hispanics reported almost a five percent rate and African-Americans a seven percent rate.

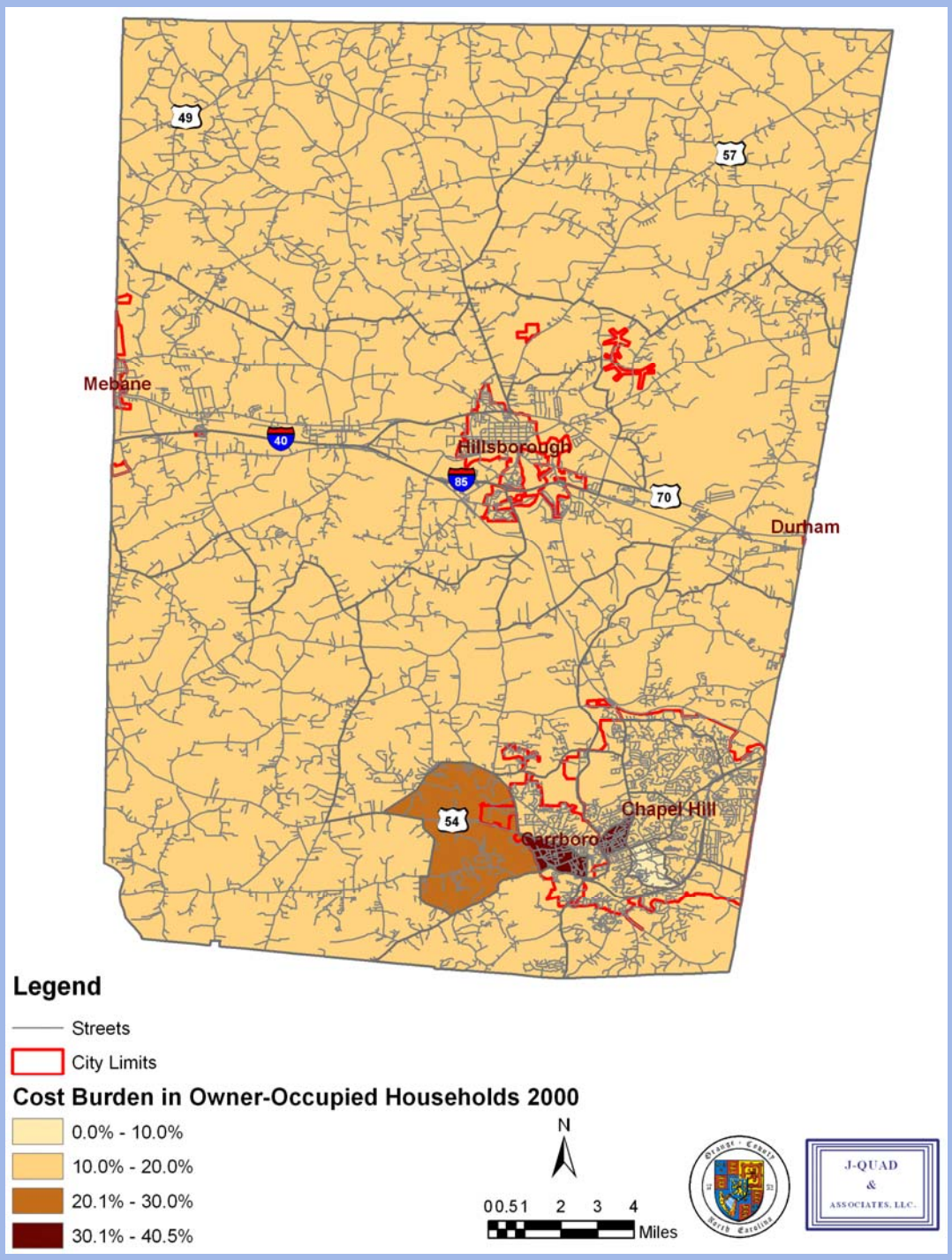
Maps 1, 2, and 3, on the following pages, show the median household income, cost burden, and rent burden in Orange County by census tract.

Map 1: Median Household Income, 2000



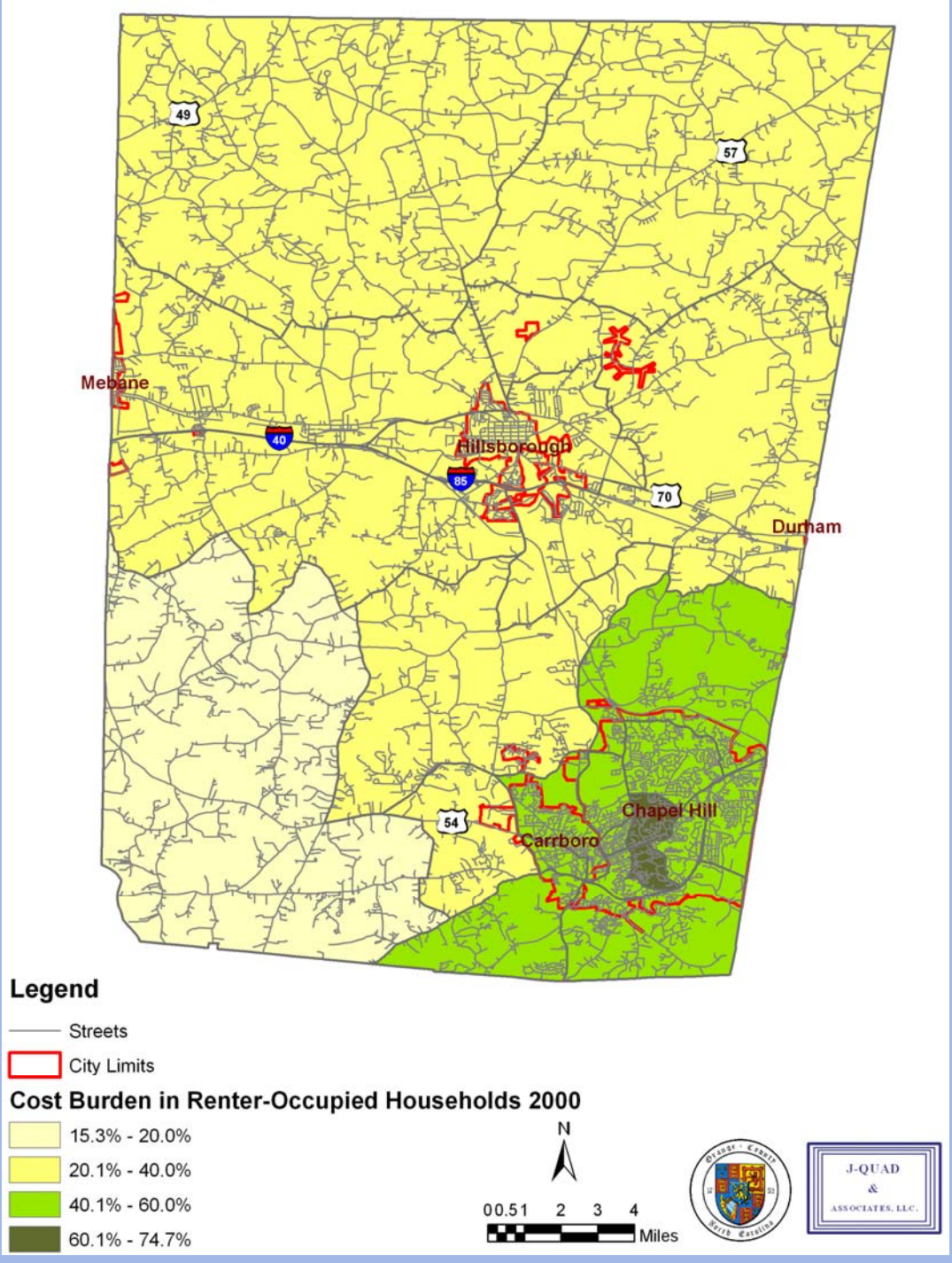
Source: 2000 U.S. Census

Map 2: Percent Owner-Occupied Households Paying More Than 30% of Income Towards Housing Expenses, 2000



Source: 2000 U.S. Census

Map 3: Percent Renter-Occupied Households Paying More Than 30% of Income Towards Housing Expenses, 2000



Source: 2000 U.S. Census

Inadequate Services- Chronic homeless people often have to deal with physical or mental disabilities, physical or mental illness, alcohol and drug abuse, or domestic violence. According to 2000 Census, over 6,412 persons (5.42%) in Orange County had a physical disability, 5,221 (4.42%) had a work disability, 3,883 (3.28%) had a mental disability, 2,588 (2.19%) had a sensory disability, and 1,876 (1.59%) had a self-care disability. There were nearly 24,630 (20.83%) disabled people in the county in 2000. People with chronic disabilities usually have greater service and support needs compared to people with physical, mental, or addiction disorders. Often, homeless people with disabilities are forced needlessly into institutions to access services, when they could live in the community with appropriate services and support.

According to the National Coalition for the Homeless, "Despite the disproportionate number of mentally ill people among the homeless population, the growth in homelessness is not attributable to the release of seriously mentally ill people from institutions. Most patients were released from mental hospitals in the 1950s and 1960s, yet vast increases in homelessness did not occur until the 1980s, when incomes and housing options for those living on the margins began to diminish rapidly. However, a new wave of deinstitutionalization and the denial of services or premature and unplanned discharge brought about by managed care arrangements may be contributing to the continued presence of seriously mentally ill persons within the homeless population[1]."

"Monthly Supplemental Security Income (SSI) payments for individuals are $603 in North Carolina. If SSI represents an individuals sole source of income, $181 in monthly rent is affordable, while the FMR for a one-bedroom is $573."

- National Low-Income Housing Coalition

Just over 10 percent of the county's population over the age of 18 had a drinking problem in 2000. The National Institute of Alcohol Abuse and Alcoholism estimates the number of adult men with a drinking problem at 15 percent and that of adult women at 6 percent. These percentages, applied to Orange County, would yield a population total of 9,592 persons. According to the 2006 Continuum of Care, 88 of the 237 single individuals and those in families were reported to have a chronic substance abuse problem.

Inventory of Emergency Shelters, Transitional Housing, and Permanent Supportive Housing

The tables below and on the following pages, show the current inventory of emergency shelter, transitional housing, and permanent supportive housing in Orange County as reported in the 2006 Orange County Continuum of Care.

Table 5: Inventory of Emergency Shelters in 2006

Emergency Shelters 2006			Bed Capacity
Provider Name	Facility Name	Target Population	Individuals
Inter-Faith Council	Community House	SM*	30
Inter-Faith Council	Homestart	SF* & SFWC*	55
Chrysalis Foundation	OPC Crisis	SMF*	2
Freedom House	Crisis Housing	SMF	14
OCHLT	OPC Crisis	SMF	2
EmPowerment, Inc.	OPC Crisis	SMF	2
Total			105
Freedom House – Facility Based Crisis – August 1, 2006 anticipated occupancy			2

Source: 2006 Continuum of Care
*SM- only Single Male; SF- only Single Female; SMF- only single males and females; SFWC-SF with Children

1. National Coalition for the Homeless. NCH Fact Sheet #5 Mental Illness and Homelessness. www.nationalhomeless.org

Table 6: Inventory of Transitional Shelters in 2006

Transitional Housing 2006			Bed Capacity	
Provider Name	Facility Name	Target Population	Individuals	Families with Children
Inter-Faith Council	Homestart	M	2	18
Freedom House	Transitional	SMF	22	0
Horizon's	Sunrise Apartments	FC*	0	22
Total			24	40
Under Development			0	0

FC- only Families with Children
Source: 2006 Continuum of Care

Table 7: Inventory of Permanent Supportive Housing in 2006

Permanent Supportive Housing 2006		Bed Capacity	
Provider Name	Facility Name	Individual/ CH*	Families with Children
OPC Area Program	Shelter Plus Care-A	7/CH2	19
OPC Area Program	Shelter Plus Care	5/CH2	14
Chrysalis Foundation	SHP-leasing	3/CH1	6
Chrysalis Foundation	SHP-owned	1/CH1	16
Total		16/CH6	55
OPC/Chrysalis Foundation		2/CH2	0
Chrysalis Foundation/Horizon's		0	6

CH—Chronic Homelessness
Source: 2006 Continuum of Care

Gaps Analysis

Through the 2006 Continuum of Care gaps analysis the unmeet need for housing for individuals was 161 beds and 39 beds for those who experience chronic homelessness.

Table 8: Housing Gaps Analysis (Individuals)

Number of Beds	Current Inventory 2006	Unmet Need/Gap
Emergency Shelter	64	49
Transitional Housing	24	18
Permanent Supportive Housing	16/6	94/39
Total	104/6	161/39

Source: 2006 Continuum of Care

Barriers to Service for Individuals Experiencing Chronic Homelessness

Individuals experiencing chronic homelessness are often unable to access services and treatment because of the very nature of chronic homelessness. Without a permanent place to reside, individuals who are chronically homeless are unable to receive adequate treatment, follow-up care, case management, and support services because they do not have adequate, safe, and decent housing. When a chronically homeless person is discharged from a hospital or other type of institution it is difficult for them to obtain the necessary follow-up care and case management because they have no permanent residence where case managers can go to treat them. A void in the availability of case managers in the healthcare system aggravates the issue of noncompliance among the chronically homeless.

In some instances, inaccessibility to services and treatment is caused by a lack of public transportation. One solution proposed to solve this issue was to develop a super campus or one stop shop where all the services and treatment options were readily available. A lack of day resources was also seen as a barrier in obtaining services, treatment, education alternatives, and job opportunities. Without access to telephone services, laundry services, and storage facilities it is very difficult for those that are chronically homeless to obtain employment and acquire stability. This is particularly a challenge to individuals experiencing chronic homelessness who stay at the shelter but have night shift employment. Finding a place to sleep is particularly elusive for those who work at night and must sleep during the day.

One of the greatest challenges is to serve those who do not qualify for free services or are not billable. The UNC Department of Psychology has a worker at the men's shelter under the PATH grant, but the challenge is that many homeless people who do not fall into the specific categories that are eligible for treatment or funding.

Homeless Services in Orange County by Type of Service

AIDS-Related Treatment

Alliance of AIDS Services
Orange House
Piedmont AIDS Consortium
University of North Carolina Clinical Trials/ ID Clinic

Case Management

Community Resource Court
Family Violence Prevention Center
Family Wellness and Recovery
Freedom House
Horizons
Inter-Faith Council for Social Services
OPC Area Program
Orange County Rape Crisis Center
University of North Carolina Department of Psychiatry

Child Care

Chapel Hill/Carrboro Public Schools
Child Care Services Association
Department of Social Services
Smart Start

Crisis Housing/Emergency Shelters

Chrysalis Foundation
Family Violence Prevention Center
Inter-Faith Council for Social Services
OPC Area Program

Dental Care

University of North Carolina Dental School

Domestic Violence Intervention

Family Violence Prevention Center
KIRAN, Inc.

Disaster Relief

American Red Cross

Drug/Alcohol Detox

Alcohol and Drug Abuse Treatment Center
Crisis Service, University of North Carolina Hospitals
Community Resource Court
Family Wellness and Recovery Center
Freedom House
Horizons

Education

Chapel Hill/Carrboro Public Schools
Club Nova
Job Link
Orange County Women's Center
Orange County Literacy Council
Orange County Public Schools
Orange Enterprises
Vocational Rehabilitation

Emergency Assistance

Department of Social Services
Inter-Faith Council for Social Services
Joint Orange-Chatham Community Action
Local congregations
OPC Area Program
Orange Congregations in Mission
Orange County Women's Center

Food Pantries

Abundant Life Church
Mt. Zion AME Church-Cedar Grove
Chapel Hill Training- Outreach Project
Food Bank of North Carolina – Durham Branch
Friends of Orange County Department of Social Services
Inter-Faith Council for Social Services
Grace and Peace Tabernacle
Iskon of NC, Inc.
Orange Congregations in Mission

Homeless Services in Orange County by Type of Service (Cont'd)

Health Services

Carrboro Community Health Center
Orange County Health Department
University of North Carolina Hospitals
University of North Carolina Student Health Action Committee

Job Skills Training and Employment

Caramore Community, Inc.
Club Nova
Employment Security Office
Orange County Skills Development/JobLink
Orange Enterprises
Vocational Rehabilitation

Life Skills

Adult Treatment Program
Club Nova
Freedom House
Inter-Faith Council for Social Services
Horizons
Job Link
Orange County Women's Center

Mental Health Treatment

Adult Treatment Program
Caramore Community, Inc.
Community Resource Court
Disability Awareness Council
National Alliance for the Mentally Ill
Schizophrenia Treatment Evaluation Program
University of North Carolina Department of Psychiatry

Mortgage Assistance/Homeownership

EmPOWERment, Inc.
Habitat for Humanity
Orange Community Housing and Land Trust
Women's Center

Outreach

Chapel Hill Police Department
Health Care for Homeless Veterans Program
University of North Carolina Department of Psychiatry

Rental Assistance/Affordable Rentals

Chrysalis Foundation
Community Realty
EmPOWERment, Inc.
Inter-Faith Council for Social Services
Orange Community Housing and Land Trust
Orange County Public Housing Authority
Town of Chapel Hill Public Housing

Sexual Assault Support

Orange County Rape Crisis Center
Planned Parenthood

Transitional Housing

Alliance of AIDS Services
Caramore Community, Inc.
Freedom House
Hope Meadow (Family Wellness and Recovery Services)
Inter-Faith Council Homestart
Oxford House
Sunrise

Transportation

Chapel Hill/Carrboro
Orange Public Transportation
Triangle Transit Authority

USDA-Rural Developments

Cedar Hill Apartments
Coachwood I & II Apartments
Elmwood Apartments

Inadequate Discharge Planning- When people are released from public institutions or public systems of care without adequate discharge planning, they are more likely to become homeless. The populations included in this category would be people discharged out of correctional institutions, hospitals, mental health institutions, and children aging out of foster care.

According to the 2006 Continuum of Care, "Requirements for discharge planning for individuals in state psychiatric hospitals and alcohol and drug abuse treatment centers (ADATCs) have been codified in administrative code (10A NCAC 28F.0209). Each facility and area program must develop a process for coordination and continuity of care for patients, particularly around treatment issues and issues related to discharge planning and community care. The facility, area program, and individual must collaborate on the development of a discharge plan for each individual leaving a facility. All individuals discharged have, at a minimum, intake appointments scheduled for community services prior to discharge. The area program's success at engaging individuals following discharge is monitored by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on a quarterly basis. Additional policies related to individuals with long term hospitalizations (30+ day hospitalizations or discharge from a long term unit) prohibit placement in shelters or other homeless conditions.[2]"

Prisons- Recent findings from a study conducted by the Urban Institute on Housing and Reentry shows the impact of housing on successful reentry. The Orange County point-in-time survey showed that of 104 single men surveyed, four were recently discharged from a criminal justice facility while 87 remained unreported, suggesting that a greater number of individuals could have been released from a correctional institution. The findings of the report show that[3]:

- The majority of prisoners believe that having a stable place to live is important to successful reentry. Those with no housing arrangements believe that they will need help finding a place to live after release.
- The majority of returning prisoners live with family members and/or intimate partners upon release.
- Many former prisoners return home to living arrangements that are only temporary.
- Housing options for returning prisoners who do not stay with family members or friends are extremely limited.
- Practitioners and researchers agree that there are few evidence-based reentry housing programs that target returning prisoners with mental illness.

According to the National Survey of Homeless Assistance Providers and Clients (NSHAPC) conducted in 1996, among 2,938 homeless clients in the survey, 49 percent reported having spent five or more days in jail, 18 percent spent time in state or federal prison, and 16 percent spent time in juvenile detention before 18 years of age.

2. 2006 Exhibit 1: Continuum of Care (CoC) Application, pg. 30.
3. Urban Institute www.urban.org

According to the 2000 U.S. Census, 979 individuals were institutionalized in Orange County.

Institutionalization is defined as[4]:

Institutionalized population- The institutionalized population includes people under formally authorized, supervised care or custody in institutions at the time of enumeration; such as correctional institutions, nursing homes, and juvenile institutions.

Hospitals- According to Census, nationally, 46 percent of homeless persons have one or more chronic health problems and 26 percent have at least one acute infectious condition. Homeless persons are likely to have a longer length of stay at hospitals and nursing homes and repeated visits to emergency rooms.

Mental Health Institutions- According to the 2000 Census, 11,468 or 9.7 percent of the population in Orange County were mentally disabled. Of 2,669 mentally disabled persons between the ages 16 to 64, nearly 60 percent were not employed. According to the Orange County point-in-time survey conducted January 25, 2006, 54 of the respondents were identified as having a severe mental illness, although the number may have been higher due to underreporting and the inability of some street counters to assess the mental health status of some of the individuals identified as homeless.

Foster Care- The Orange County Department of Social Services reported that from January 1 to December 31, 2005 there were 696 cases involving child abuse, neglect, or dependency. Of those, 524 were responses to neglect and the remaining cases fell into one of the other categories. These 696 cases involved 1,306 children.

According to the 2000 Census, 11,468 or 9.7 percent of the population in Orange County were mentally disabled.

The North Carolina Department of Health and Human Services Division of Social Services has developed Transitional Living Plans for youth who will soon age out of the foster care system. The protocols include allowing the youth to obtaining life skills and independent living skills and require that the youth has a stable place to live when discharged to minimize the occurrences of homelessness among youth discharged from the foster care system.

The N.C. Department of Corrections, other state agencies, and the community have a joint responsibility to ensure the proper discharge and support of ex-offenders. The Department of Corrections works closely with mental health agencies to oversee that ex-offenders with mental health illnesses have access to adequate shelter and assistance in obtaining employment and assists in the coordination of services to the ex-offender by the “local mental health/developmental disabilities/substance abuse provider”.

4. 2000 U.S. Census www.census.gov

2.4 Summarization of Community Input

Reoccuring Service Themes

Nine reoccurring themes were identified from the eighteen focus group discussions. These themes were the topics most often discussed within the focus group sessions and were determined to be a high priority among the focus group participants. The reoccurring themes were:

- Housing,
- Mental Health Reform,
- Employment/Education/Transportation,
- Discharge Planning Policy,
- Public Awareness/Perceptions of Homelessness/Costs of Homelessness,
- Continuum of Services,
- Community Engagement/Partnerships,
- Cost of Homelessness, and
- Healthcare/Basic Necessities.

When focus group participants spoke of homelessness these were the issues that were reiterated often and about which people were most passionate.

Housing

The issue of housing was mentioned frequently throughout the focus groups. Participants emphasized that a lack of affordable housing was an integral component in the homelessness issue. Participants spoke of the lack of affordable rental housing units in Orange County which is the primary housing type that would be suitable for individuals who are homeless.

Those who attended the focus group sessions were interested in what types of affordable rental housing could be built or how the current housing stock could be converted and rehabilitated to make rental units that were safe, decent, and affordable to those who had the very lowest incomes or whose incomes were primarily comprised of public assistance. Individuals suggested developing Single Room Occupancy units, group housing, dormitory-style facilities, and smaller multifamily units. Although most agreed that affordable housing was a priority, people spoke pragmatically of how such projects would be developed, what the funding sources would be, how neighbors would accept the housing developments, and what the process would be for prioritizing which individuals or families would be eligible for the newly produced or rehabilitated units.

Regulatory barriers related to producing affordable housing were cited as impediments to decreasing the number of individuals and families that are homeless or are at-risk. Impediments to affordable housing include growth management policies that contribute to rapidly appreciating housing values in Orange County. Urban service boundaries constrain and manage growth, but also make it more costly to develop new housing. The development review process contributes to the integrity of the housing stock in Orange County, but is time consuming and cumbersome

"Lack of affordable housing, combined with non-livable wages, creates a barrier to ending the cycle of homelessness".

Source:
Action-Oriented Community Assessment (AOCA) Report

to some developers, making it an expensive process that is reflected in the increasing price of housing units. Participants debated solutions that could be implemented to mitigate some of the regulatory barriers to affordable housing.

Throughout the focus group sessions subsidized housing and homelessness were interrelated. Many individuals felt that the housing cycle was stagnant, particularly among residents of subsidized and assisted housing units. Recipients of subsidized housing often became permanent residents and did not move on to market rate units. This resident permanency in the subsidized units did not allow for other individuals, who may be homeless or at-risk of homelessness, to take advantage of the federal safety net - public housing. At this point, there were questions about how the municipality could create movement and flow in the housing cycle.

Affordable housing has received a negative connotation within the community. Because of that, many in Orange County and throughout the nation are beginning to refer to it as workforce housing, emphasizing the reality that the individuals who are the market for this housing are employed, but cannot afford market rate housing within the community. Participants mentioned the housing crisis with which many minimum wage workers deal because, although they may work a full-time job, their earnings are not adequate in the current housing market. Participants were concerned about what would become of the community if those who serve the community as teachers, police officers, bus drivers, and employees of the universities were unable to obtain housing within the community in which they worked. The definition of affordable housing was also a major source of discussion. In many of the focus group sessions, participants stated that affordable housing in Orange County was often considered housing that was priced at $250,000 or more, far exceeding what most very low- to moderate-income individuals and families could afford.

"More prevention strategies are needed that target families and individuals at risk of becoming Homeless".

Source:
Action-Oriented Community Assessment (AOCA) Report

According to the Orange County Homelessness Fact Sheet, distributed in February 2006, the fair market rent of a two-bedroom unit is $755. A household must earn $30,200 annually to be able to afford that rent without being cost-burdened (paying more than 30 percent of one's income on housing costs). Yet in Orange County, a minimum wage earner would have to work 113 hours per week every week of the year in order to meet that income. These statistics illustrate the large gap in the minimum wage earner's income and their ability to afford housing in Orange County.

Participants talked about housing models for homeless populations. The merits of the Housing First model and the shelter model were debated. What was most pressing was how limited homelessness funding would be used to provide the "most good" for the community. Issues of efficacy, cost efficiency, and moral consequences were also brought up in the discussion about which housing type would be best. Regardless of the housing model, the provision of adequate social services and case management are essential in developing a successful solution. At the foundation of the discussions on housing models were questions of which models would make the best use of limited resources, how resources can be used to effectively develop the best case management strategies and ensure that homeless individuals are receiving all of the social services they need, will there be neighborhood opposition and how can it be mitigated, and how do you prioritize which clients will be eligible for the housing programs? Many participants felt that the issue of homelessness is so complex that more than one housing model may be needed.

Underlying Questions, Comments, and Concerns Related to Housing:

1. What resources are available to build affordable rental housing?
2. How can existing housing units be rehabilitated and converted to meet the needs of homeless individuals?
3. What kind of affordable housing would be the best option for Orange County?
4. What categories of homeless individuals (single men, families, families with children, at-risk, disabled, etc) would be targeted for newly developed projects?
5. How can regulatory barriers be mitigated, or what type of policies could be created, to develop housing for homeless individuals, particularly affordable rental housing?
6. How can housing cycle stagnation be reduced?
7. How can the gap between what minimum wage earners make and the available housing be reduced?
8. What would the best use of limited funds and resources in developing the most beneficial housing model?
9. What methods could be used to deal with neighborhood opposition and Not In My Back Yard (NIMBY) attitudes?
10. How can consensus be reached within the community?

Mental Health Reform

Mental health was a prevalent topic among the focus group sessions. One of the prime concerns was limited resources and budget cuts for mental health services, primarily at the State and Federal levels. According to the National Coalition for the Homeless approximately, 20 to 25 percent of the single adult homeless population has some form of severe and persistent mental illness (National Resource and Training Center on Homelessness and Mental Illness, 2003). The increasing numbers of mentally ill homeless persons is partially attributable to a new round of deinstitutionalizations, denial of services, and premature and unplanned discharges often prompted by managed care arrangements (National Coalition for the Homeless, July 2005).

Severe and persistent mental disorders may hinder people from being able to carry out basic, everyday functions such as caring for themselves and a household, maintaining a job, and retaining relationships. Often, homeless individuals with mental disorders remain homeless longer, have more contact with the legal system, and have more barriers to employment than homeless people without mental disorders (National Coalition for the Homeless, July 2005).

Participants spoke to these challenges and questioned how the situation can be handled more effectively with fewer funds and inadequate advocacy at the State level. Participants mentioned a few policy issues related to mental health. One was the need to prevent low-income people with mental disorders from becoming homeless. The focus groups emphasized the need for preventative services. Increasing funding for existing programs so they can be expanded and better equipped was also a major issue. Community-based services, such as Projects for Assistance in Transition from Homelessness (PATH), need more resources to

meet the needs of all homeless individuals with mental disorders. At the federal level, Supplemental Security Income (SSI) benefit levels are not high enough for individuals to be able to afford decent and safe housing.

Participants debated the societal implications of the current mental health system. One of the major concerns is that patients are being discharged from mental institutions to shelters that are ill-equipped to handle individuals with mental disorders. Persons with mental disorders must have access to comprehensive mental health services and support within the community. Participants' comments validated the National Coalition for the Homeless research that services such as "crisis intervention, landlord-tenant intervention, continuous treatment teams, and appropriate discharge planning in jails and inpatient facilities" (National Coalition for the Homeless, July 2005), must be available and accessible within the community.

Underlying Questions, Comments, and Concerns Related to Mental Health Reform:

1. How can limited resources be coordinated to provide more comprehensive services for homeless persons with mental disorders?
2. What are some potential partnerships and collaborations that could be developed?
3. What are the societal implications of the current mental health reform?
4. How can advocacy be increased at the state level?
5. How can we improve rapid response for crisis situations?
6. How will mental health issues continue to be a factor even if a homeless person is provided housing?
7. How can comprehensive wrap around services be provided?

Discharge Planning Policy

"The lack of collaboration in discharge planning and a lack of appropriate facilities burdens service providers and limits success for the homeless population".

Source:
Action-Oriented Community Assessment (AOCA) Report

The issue of discharge planning received many comments across the board from focus group participants. Many were concerned about discharge planning procedures for correctional institutions. The unsuccessful re-entry of ex-offenders into the community creates a significant group of people at risk of becoming homeless. Participants spoke of a certification process that could possibly assist ex-offenders in obtaining employment and housing.

There was wide-spread debate on how this situation can be remedied, so that people released from institutions are discharged with arrangements for proper and adequate housing, life skills, employability, and overall self-sufficiency. Follow-up support and case management was a priority need that the participants thought was lacking. Inadequate discharge planning policies exacerbate the problem by making it difficult to track clients and patients. Individuals who are released from medical or mental health institutions without housing have difficulty receiving the follow-up support that they may require.

There was also discussion of youth who become homeless after "aging" out of the foster care system. Being involved with the foster care system makes a youth more vulnerable to becoming homeless and for being homeless for longer periods of time than youth who are not in the foster care system (Roman and Wolfe, 1995)[5]. Some youth become homeless when they become too old for the foster care system, but have no other housing arrangement. Some of these youth have had no life skills training, and their employment opportunities are limited. According to the National Coalition for the Homeless, "One national study reported that more than one in five youth who arrived at shelters came directly from foster care, and that more than one in four had been in foster care in the previous year.[6]"

5. Roman, Nan P. and Phyllis B. Wolfe Web of Failure: The Relationship Between Foster Care and Homelessness, 1995.
6. National Coalition for the Homeless. National Coalition for the Homeless Fact Sheet #13, 2005.

Underlying Questions, Comments, and Concerns Related to Discharge Planning Policies:

1. Are there model programs available to assist in the successful re-entry of ex-offenders into the community?
2. What are the societal implications of allowing individuals to be released from institutions without housing and social service support?
3. How can the community collaborate with the shelter and institutions to develop viable solutions for successful discharge policies?
4. What programs and services are specifically targeted to youth, ex-offenders, mental health patients, and medical patients who are being discharged, yet have no housing?

Public Awareness/Perceptions of Homelessness/Costs of Homelessness

The perception of homelessness was a constant theme in each of the focus group sessions. The participants spoke of how there was a misperception of who the homeless are. To implement a change and to make a positive impact on homelessness in Orange County, many individuals felt that it was vital to put a "face on homelessness". At the core of the focus group sessions was the need for educating the public on homelessness - specifically, who the homeless are, why people become homeless, what can be done to end homelessness.

Participants, particularly those with businesses in downtown Chapel Hill, were concerned about panhandlers. Although many of the participants understood that not all panhandlers were homeless, many felt it was difficult to distinguish between the two groups. The panhandlers may make customers feel uncomfortable and detract from potential business opportunities. Participants mentioned anti-panhandling ordinances as a way of discouraging this behavior, while encouraging compassionate people to donate their money to social service agencies instead. All participants, including the currently homeless attendees, felt that it was important to educate the public about the difference between those who are professional panhandlers and those who are homeless. This is also related to the fear that some people have of homeless people that they may be criminals and are out to harm them. This "criminal fear factor" causes many people to look at the homeless as both a nuisance and potential threat. Participants felt that more public awareness and education would assist in alleviating this misperception.

"Stereotypes of homelessness create tension between homeless persons and the surrounding community".

Source: Action-Oriented Community Assessment (AOCA) Report

Many individuals felt that when the public thinks of someone who is homeless they imagine a single man who may have a mental disorder or is a substance abuser. Participants felt that it is important for the public to know that homelessness affects families with children, unaccompanied youth, elderly individuals, individuals with health conditions, and single women. The homelessness facts sheet distributed by the Orange County Community Initiative to End Homelessness supports this broader portrayal of homeless people. In Orange County, 224 homeless persons were counted in the 2007 point-in-time survey. Included in these numbers were the following subcategories: 23 were homeless families, 60 were homeless people in families

7. U.S. Conference of Mayors. A Status Report on Hunger and Homelessness in America's Cities: 2004. www.us.mayors.org

(including children), 35 were children, and 23 were victims of domestic violence. Nationwide, the studies have shown that the number of homeless families with children has grown considerably over the last decade. In a survey of 27 cities in 2004, the U.S. Conference of Mayors found that families with children accounted for 40 percent of the homeless population[7]. Because of the shortage of affordable housing units and the growing numbers of homeless families with children the duration of time spent in shelters and transitional housing has lengthened. According to the U.S. Conference of Mayors, in the mid-1990s an average shelter stay in New York was five months. Now it is eight months. Participants also spoke of homelessness in terms of those who are chronically homeless and those who experience episodic or situational homelessness.

Housing was the core issue in many of the focus group sessions. Participants realized that affordable housing for very low-income and homeless people had to be developed but most understood that neighborhood opposition and Not In My Back Yard (NIMBY) attitudes from homeowners would be a significant obstacle. Many individuals thought that public awareness and education would help to change the mindset of many homeowners. Developing housing on a small scale, integrating it into the community, and making it aesthetically pleasing were all frequently heard suggestions.

Participants also spoke of the cost of homelessness. Many were interested in how to define the costs of homelessness and how these specific costs could be separated from other social service costs that would be needed regardless of the person's housing situation and analyzed. Focus group attendees speculated how service care providers could be more efficient and reach more people with shrinking Federal and State budgets. The cost effectiveness and financial feasibility of specified housing solutions, such as the Housing First model or the Shelter model, were also discussed.

"Homeless individual's unique ways of achieving success are often limited by standardized eligibility requirements and delivery structures".

Source:
Action-Oriented Community Assessment (AOCA) Report

Underlying Questions, Comments, and Concerns Related to Public Awareness/Perception of Homelessness/Costs of Homelessness:

1. How can a public awareness campaign be developed to provide education on the face of homelessness?
2. What can be done to overcome neighborhood opposition to housing developments for currently homeless people?
3. What are the differences between and underlying needs for chronically homeless individuals and those experiencing episodic or situational homelessness?
4. What are some strategies to deal with subcategories of homelessness, such as single women, single women with children, families with children, unaccompanied youth, and elderly persons?
5. What are the societal costs of homelessness?
6. What can be done to increase services in light of shrinking budgets?
7. How does homelessness affect social service agencies that are not exclusively designed for homeless individuals?

Healthcare/Basic Necessities

Throughout the focus group sessions, the issues of healthcare and basic needs were frequently mentioned. Participants felt that there needed to be more of an emphasis on substance abuse recovery, counseling, and mental health treatment for homeless individuals. Participants said that homeless people are more likely to suffer from every category of

chronic health problem. Without adequate housing, it is difficult to treat and provide follow-up care for diseases, such as tuberculosis, HIV/AIDS, diabetes, and hypertension. Homeless people are often inflicted with multiple health conditions related to being homeless, such as frostbite, leg ulcers, and upper respiratory infections. Homelessness also makes individuals more likely to have poor nutrition, less of an opportunity for good personal hygiene, inaccessibility to basic first aid, all which may aggravate existing medical conditions or makes them more susceptible to illness[8]. Homeless individuals who are substance abusers or those with mental illnesses may attempt to self-medicate, making them more vulnerable to diseases transmitted by intravenous drug use.

Because most homeless individuals and families do not have health insurance, health care is often delayed and conditions that may have been easily treatable in earlier stages progress to a point that is far more difficult to treat. Children who are uninsured are four times more likely to have delayed medical care, twice as likely to go without prescriptions, and twice as likely to go without eyeglasses[9]. Vision and dental care were often neglected by homeless individuals because they have no way of accessing these services, and there are not enough free or reduced services available for all who need it. It was suggested that there needs to be an endowed fund established to assist homeless people in getting much needed dental and vision care.

Participants also discussed food and clothing. Many individuals were happy with the meals that are offered at the shelter three times per day, but there was also discussion about families who may not be homeless, but are at-risk of homelessness, not having enough food. In northern Orange County, food was a major concern among focus group participants. Clothing, particularly clothing suitable for interviews, was also a matter of discussion, primarily in the current and former homeless focus group. Participants spoke of how it sometimes difficult to obtain suits in the appropriate size and dress shoes for an employment interview.

Underlying Questions, Comments, and Concerns Related to Healthcare/Basic Necessities:

1. How can more substance abuse treatment and counseling be provided to homeless individuals?
2. How can we enhance the mental health services that are available and ensure that all who needed can access them?
3. How can homeless individuals be assured of receiving adequate follow-up care, ongoing care for chronic conditions, and free or reduced cost dental and vision care and products?
4. What is needed to ensure that homeless individuals are able to take care of their personal hygiene needs, i.e. public showers, storage facilities, laundry facilities?
5. What strategies could be developed to ensure that families and individuals who are at-risk or are experiencing homelessness have enough food, i.e. community garden, school food program for over the weekend?

"Inadequate transportation services create a barrier to sustaining employment and accessing services".

Source: Action-Oriented Community Assessment (AOCA) Report

Employment/Education/Transportation

Focus group participants mentioned that employment and education opportunities for homeless individuals were inadequate in Orange County. Many individuals felt that there were no jobs available for those who may not be highly trained or educated. Some

8. National Coalition for the Homeless NCH Fact Sheet #8 Health Care and Homelessness, July 2005
9. National Coalition for the Homeless NCH Fact Sheet #8 Health Care and Homelessness, July 2005

participants said that the temporary agencies often cater to students, so homeless individuals do not have access to these jobs. In the homeless focus group session one of the overriding themes was, "We need more jobs". Volunteer opportunities for homeless people were seen as a tool that might lead to future paid employment.

Many individuals wanted to see more job training opportunities and GED classes available to homeless people and those who are at-risk of homelessness. The homeless focus group, in particular, said that classes during the day would be highly useful and would provide tools needed to gain better paying employment.

Financial literacy, including opening a bank account, savings, and credit reports, was also mentioned as a need. Some individuals felt that money management courses and training would be beneficial, particularly as homeless persons received job training and gained employment. Interrelated with financial literacy was the thought that more homeownership counseling needed to be provided for residents throughout Orange County. Although homeownership for homeless persons was seen a long-term goal, many participants felt that homeownership counseling would be beneficial for low-income residents who have the resources to move from subsidized units to homeownership. Homeownership counseling could be a tool to make the Orange County housing cycle less stagnant.

A major issue that was brought up frequently was the need for a living wage. Participants felt that it was important to provide employment that had a high enough wage so that an adult could afford basic necessities, such as adequate housing, food, and healthcare. A living wage was mentioned as a cause the community could rally around and have a positive impact on Orange County's lowest paid residents.

Transportation was also a major issue in the focus group sessions. Although there is public transportation available in some parts of the county, in the other portions of the county it was not available. Participants frequently discussed the importance of having accessible and stable transportation linkages between employment centers, housing, and service agencies. Another need that was often mentioned, for those who are at-risk and those who are currently homeless, is the need for funds for car repair, gas, and maintenance. Many rely on their car to get them to their jobs, but with the rising costs of gasoline it is becoming increasingly difficult for people to buy gas. Maintenance and repair issues are also a significant hardship for those who have very little extra money.

"Inadequate access to essential resources creates a barrier for homeless persons to secure jobs".

Source:
Action-Oriented Community Assessment (AOCA) Report

Underlying Questions, Comments, and Concerns Related to Employment/Education/ Transportation:

1. How could more job training be provided in Orange County?
2. There is a need to devise a strategy to increase employment opportunities.
    a. Volunteer opportunities that could lead to employment.
    b. Job training, remedial and enrichment classes.
    c. Partnering with temporary job agencies.
3. How can public transportation be made available throughout Orange County?
4. What subsides or assistance can be provided to help homeless individuals and low-income persons with car repair and maintenance, which are essential for them to maintain their employment?
5. How can a living wage campaign be developed in Orange County? What are some ways to mobilize individuals around this cause?

Continuum of Services

The continuum of services available to homeless individuals and those at-risk of homelessness was emphasized in the focus group sessions. Participants spoke of the need for more case management and wrap around services. Many people felt that there was a lack of outreach to homeless and at-risk individuals, and there needed to be more follow-up case management. A one stop shop was mentioned several times as a way of ensuring that homeless individuals could easily access all the social services they needed in one location. Professional volunteer services were introduced as an idea to provide more services with fewer funds. Professionals, such as dentists and counselors, could provide pro bono services to homeless individuals which would help to stretch the existing funding. More counseling sessions, including group sessions and one on one services, was also seen as a need in the community.

The plight of families and individuals who were at-risk of homelessness was a major priority within all of the focus group sessions. The issues mentioned pertaining to that group include:

- The linkage between poverty and homelessness. The two factors are intertwined and poverty must be combated if homelessness is to be eliminated.
- The need for more crisis intervention services, such as emergency food banks, utility and rent assistance, and a clothes closet.
- The need for more subsidized child care and after school care for working parents and those attending school.
- Universal healthcare so that income is not a barrier to obtaining preventive, maintenance, and emergency health care.
- Life skills, such as household maintenance and financial literacy, were mentioned as a predominant need in the community.
- The availability of workforce housing, owner-occupied and rental opportunities for those who had low incomes.
- Barriers to affordable housing mentioned were criminal and credit checks, security deposits, availability, and high cost of rents.
- There was an emphasis on those who were living "doubled-up" meaning those without a legal residence of their own and temporarily staying with another person, according to the definition provided by Orange County Community Initiative to End Homelessness.
- Lack of an adequate food supply was mentioned frequently. Some families and individuals did not have enough money to both house themselves and to eat. It was suggested food was the important need in northern Orange County.

"Services are available, but only to those who are regularly using or know how to navigate the service delivery system. Therefore, many who are homeless slip through the cracks."

Source: Action-Oriented Community Assessment (AOCA) Report

Underlying Questions, Comments, and Concerns Related to Continuum of Services:

- How can the Continuum of Services be expanded and far-reaching with budget reductions occurring?
- How can comprehensive wrap around and rapid response services be provided to meet the needs of everyone?
- How can the social service system be made easier to navigate and more efficient?
- What services can get at the root of homeless for each unique individual?
- How can homelessness be prevented for those who are at-risk?
- How can working families be provided basic necessities and childcare, after school care, and health care?

- What are some options for subsidized childcare and after school care?
- Further research is needed concerning a living wage campaign

- What measures can be taken to lessen the chances that a poor, working family slides into homelessness?
  - Financial literacy, better support services, living wages, improved safety nest, comprehensive services.
- How can more affordable workforce housing be produced?
  - Methods to eliminate or mitigate barriers to affordable housing.
  - Ensure that the supply of workforce housing is adequate for everyone.
  - Potential collaborations and partnerships to develop more workforce housing.

Community Engagement/Partnerships

This topic was one of the most frequent themes mentioned throughout the focus group sessions. Participants felt that there needed to be ongoing community engagement and partnerships established on homelessness issues. Some of the community engagement opportunities mentioned are listed below.

- Roundtable discussions. Eliciting comments and concerns from the community about homelessness and providing education and information about homelessness to the general public.
- Reference tools on how the community can become involved. Participants felt that there was enough enthusiasm and social activism within the community to mobilize around the homelessness issue. Many participants felt that if individuals were aware of what they or their community could do to help, they would.
- Volunteer opportunities. Some of the participants of the focus group sessions thought that there needed to be public awareness of how the community can volunteer to assist homeless persons and services related to homelessness. Others thought it would be useful to provide homeless individuals with opportunities to volunteer in the community and on local community boards as a way of increasing social interaction between those who are homeless and those who are not.
- Congregation Involvement. Congregations could participate by adopting an individual or family. Faith-based institutions could serve as alternative locations for domestic violence victims. There are also opportunities for collaborative partnerships between social service providers to combat homelessness and to coordinate resources and funding.

"Community partnerships need to be strengthened to ensure successful service provision".

Source:
Action-Oriented Community Assessment (AOCA) Report

Participants understood that to effectively devise solutions concerning homelessness there needed to be a collaborative effort and solid partnerships. Some of the partners mentioned as worthwhile and useful in managing homelessness were:

- Congregations.
- Corrections Departments.
- Juvenile Detention Facilities.
- Government Entities.
- Universities.
- Hospitals.
- Homeless Individuals.

Underlying Questions, Comments, and Concerns Related to Community Engagement/Partnerships:

- The main emphasis was on how to develop collaborative partnerships among organizations in the community.
  - How are these partnerships fostered to serve the needs of homeless individuals?

Solutions Most Often Mentioned in the Focus Group Sessions

1. Public Awareness Campaign on Homelessness.
2. Day Resource Center.
   a. Storage Facilities.
   b. Access to phone, email, mailbox, internet, fax.
   c. Clothes for interviews.
   d. Classes.
   e. Job Training.
   f. Financial Literacy
3. Living Wages instead of Minimum Wage.
4. Ex-Offender Re-entry program.
   a. Certification process, advocate system.
5. Implement discharge planning policies for all major institutions.
6. Develop more affordable, rental housing units.
   a. SROs.
7. Develop a One Stop Shop.
   a. Campus environment designed to assist homeless individuals.
8. More partnerships and collaborative efforts with all involved entities and parties, particularly the municipalities.
9. Volunteer Opportunities.
   a. Opportunities for the general public to volunteer in homeless related activities.
   b. Opportunities for homeless individuals to volunteer.
      i. Volunteering in local businesses, congregations, non-profit organizations.
      ii. Volunteering on various boards and committees in the community.

2.5 Cost of Homelessness

Since homeless persons have no regular place to stay, they use a variety of public systems in an inefficient and costly way. The cost of chronic homelessness can be quite high, particularly for those with long-term illnesses. The following are some of the costs of chronic homelessness.

Table 9, below, shows the average cost per person involved in the consumption of public services by the homeless population, according to a study conducted by the Center for Mental Health Policy and Services Research at the University of Pennsylvania.

Table 9: Cost of Services Used by the Chronically Homeless Population Prior to Housing Placement

Service Provider	Mean Days Used	Per Diem (1999$)	Cost (2 Yrs)	Cost Per Year
Dept. of Homeless Services	137	$68	$9,316	$4,658
Office Mental Health	57.3	$437	$25,040	$12,520
Health and Hosp. Corp.	16.5	$755	$12,458	$6,229
Medicaid-Inpatient	35.3	$657	$23,192	$11,596
Medicaid-Outpatient	62.2	$84	$5,225	$2,612
Veterans Administration	7.8	$467	$3,643	$1,821
Dept. of Corrections (State)	9.3	$79	$735	$367
Dept. of Corrections (City)	10	$129	$1,290	$645
Total			$80,898	$40,449

Source: "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative", Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, Center for Mental Health Policy and Services Research, University of Pennsylvania, May 2001.

According to the research, service use reductions from the creation of supportive housing showed a significant savings. The service reductions resulting from supportive housing were reported to be $12,145 annually for each individual placed.

Table 10, on the following page, summarizes estimates of cost reductions in service utilization, based on pre/post placement comparisons, and as adjusted by case-control regression analyses. Results indicate that placement in supportive housing is associated with a $12,145 net reduction in health, corrections, and shelter service use annually per person, over each of the first two years of the intervention. About 95 percent of the cost reductions are associated with reductions in health and shelter services. Criminal justice system costs account for the remaining 4.5 percent of the total cost reductions associated with a supportive housing placement.

Lost Opportunity- Perhaps the most difficult cost to quantify is the loss of future productivity. Decreased health and more time spent in jails or prisons means that homeless people have more obstacles to contributing to society through their work and creativity. Homeless children also face barriers with respect to education. Because many homeless children have such poor educational experiences, their future productivity and career prospects may suffer. This makes the effects of chronic homelessness much longer lasting than just the time spent in shelters.

Table 10: Cost Reductions Associated with Reductions in Service Use Attributed to Supportive Housing

Service Provider	Days Saved (2 Years)	Cost Reduction 95%	Per Diem ($)	Cost Reduction (2 Years)	Annual Cost reduction
Dept. of Homeless Services	82.9	77.4-88.5	$68	$5,637	$2,819
Office of Mental Health	28.2	20.8-35.6	$437	$12,323	$6,162
Health and Hosp. Corp.	3.5	2-5	$755	$2,643	$1,321
Medicaid-Inpatient	8.6	4.2-13	$657	$5,650	$2,825
Medicaid-Outpatient (visits)	-47.2	-29.8	$84	-$3,965	-$1,982
Veterans Administration	1.9	0.7-3	$467	$887	$444
Dept. of Corrections (State)	7.9	4.8-11	$79	$624	$312
Dept. of Corrections (City)	3.8	1.8-5.8	$129	$490	$245
Total				$24,290	$12,145

Source: "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative", Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, Center for Mental Health Policy and Services Research, University of Pennsylvania, May 2001

Since the demographics of chronic homelessness, and therefore its solutions, vary in every locality, ending chronic homelessness requires the development of local plans to systematically and quickly re-house those who lose their housing. Replacement housing should be permanent -- having no artificial limits on how long a person can stay. If an individual or family requires some type of temporary housing such as residential treatment (for illness) or residential separation (for victims of domestic violence, chronically homeless people, or people in recovery), such interim housing should be firmly linked to eventual placement in permanent housing.

In the article "Million-Dollar Murray", published in The New Yorker in February 2006, Malcolm Gladwell argues that social services, such as soup kitchens and shelters, only "manage" the problem of chronic homelessness, but do not attempt to solve it. According to the author, leaving Murray, a chronic homeless person, on the streets for a decade may have cost Nevada tax payers up to million dollars for hospital bills, substance abuse treatment costs, and other expenses. A more efficient way would be to provide supportive housing to chronic homeless persons, combining intensive case management with housing services.

In the article, "Everybody Pays" published in Chapel Hill News in September 2005, Cheryl Johnston reported that at least $2 million is spent annually in Orange County on homeless

people, with the exception of healthcare costs. A social worker at UNC-Hospitals, estimated that five to seven of the 175 patients who come to the Emergency Department daily do not have a permanent address. According to the article published in New England Journal of Medicine, the average emergency room visit cost was $383 in 1996. The author adjusted this cost for inflation and estimated that $477 per emergency room visit for six persons per day amounts to over $1 million a year. Apart from the initial cost of healthcare, $7,000 per patient per year is spent on after-care. Though there are no direct records maintained by the service providers, it was identified through interviews that most of the cost is to provide food and shelter to homeless or those at risk of losing their homes. The Inter-Faith Council for Social Services (IFC) runs two shelters, a transitional program for women, and a community kitchen. In total, the IFC spent about $1.9 million in fiscal year 2004 to run all its services. It was reported that the residents of the community and local governments donated a total of $1.35 million in volunteer hours and other donations. Orange Congregations in Missions (OCIM), a non-profit ministry supported by almost 50 churches, provides food, clothing, and help with utilities and the cost to provide these services was estimated to be $167,000. Also, the indirect costs of homelessness are significant in the county, for example, the Chapel Hill-Carrboro City Schools and Orange County Schools paid an amount of about $26,000 in taxi fees to take homeless children to school.

Orange County Community Initiative to End Homelessness estimated that there were 71 chronically homeless persons in Orange County in February 2007. Based on the annual cost reduction per person ($12,145), provision of supportive housing to chronically homeless population in Orange County may result in annual cost savings of $862,295.

The 10-Year Plan to End Homelessness for Asheville and Buncombe County, NC examined the costs to local systems due to 37 chronic homeless persons over a three year period. The results are shown in Table 11, to the left. The total cost per chronic homeless person per year due to the usage of jail, court, hospitals, and emergency shelters was estimated to be $22,700. Applying this cost per person to 71 chronic homeless persons in Orange County would result in a total cost of $1,611,700 per year.

Table 11: Cost of Homelessness, Asheville and Buncombe County, NC

Cost of Chronic Homelessness	Per Person Per Year	Total Per Year
Jail/Court	$10,000	$370,000
Medical	$5,500	$203,500
Shelter	$7,200	$266,400
Total cost of chronic homelessness	$22,700	$839,900

Source: Looking Homeward: The 10 – Year Plan to End Homelessness, Asheville and Buncombe County, NC, January 2005

"Ending Homelessness – The 10 Year Action Plan" prepared by the City of Raleigh and Wake County, NC, stated the cost of one day at Dorothea Dix Hospital for a person with mental illness was $594 compared to supportive housing costs of only $33.43 a day. The average monthly cost of a shelter stay in Raleigh was $900, compared to a HUD Section 8 voucher, which provides $701 for a one-bedroom apartment. As shown in Table 12, on the following page, the total approximate monthly cost for a homeless person was estimated to be $5,875, compared to just over $1,000 per month for supportive housing through Community Alternatives for Supportive Abodes (CASA) housing and Wake County Human

Services' Programs. Applying the above monthly costs to 71 chronically homeless persons in Orange County, the provision of supportive housing would result in a cost saving of $346,125 per month.

Table 12: Cost of Homelessness, City of Raleigh and Wake County, NC

Service	Cost Per Unit	Total Cost
South Wilmington Street Shelter - 24 nights	$23/night	$552
1 Emergency Medical Services (EMS) transport	$425, plus 5.75/mile	$440
1 Emergency Department visit to a local hospital	$893	$893
1 Raleigh Police Department transport	$61-$368	$250
1 Wake County Human Services' Crisis Assessment	$176	$176
1 Stay at Dorothea Dix Hospital - 6 nights (average length of stay)	$594/night	$3,564
Total approximate monthly costs		$5,875

Source: Ending Homelessness – The 10 Year Action Plan, City of Raleigh and Wake County, Wake Continuum of Care, and Triangle United Way, February 2005

In the 10 Year Plan to End Homelessness for the State of North Carolina the North Carolina Housing Finance Agency, which has administered a Supportive Housing Development Program for 10 years and the Low-Income Housing Tax Credit Program for over 15 years, estimated that the average cost for developing both market rate and supportive apartment units was around $75,000 in 2005. It is projected that the cost will increase by about $1,000 per year. The cost for supportive housing development is a one-time expense. Typically, supportive service costs tend to decline over time. These two costs influence the cost of tenancy. Though costs vary in different communities in the state, the average cost of tenancy in supportive housing is $15,000 per year. Based on this figure the cost of tenancy for the chronic homeless population in Orange County would be $1,065,000 per year.

Table 13, to the right, duplicates the cost estimates conducted for the Ten Year Plan to End Chronic Homelessness for Durham County, North Carolina, prepared by Liz Clasen, a MPP student at Duke University. The table provides detailed cost estimates for various public service systems and estimates whether each service would increase or decrease with the intervention of permanent supportive housing. The average cost per homeless

Table 13: Cost of Chronic Homelessness, Durham County, NC

Agency	Total Cost	# of Encounters	With Permanent Supportive Housing Costs Will Likely To
Duke Hospital System	$378,205	47	Decrease
Health Department	$31,283	321	
Jail Healthcare	$26,920	251	Decrease
Other	$4,363	70	Increase
Lincoln Health Center	$83,028	661	Increase
Veterans Administration	$137,381	247	Decrease
Emergency Medical Services	$27,931	72 (transports)	Decrease
Durham Center	$281,764		
Hospitalization	$68,096	112 (days)	Decrease
Durham Access	$55,630	23 (people)	Decrease
Case management	$73,963	816 (appt.s)	Increase
Other	$84,075	n/a	
Department of Social Services	$111,679	n/a	Increase
Food Stamps	$99,906	573 (months)	
Social Work	$5,897	12,240 (min)	
Other	$5,876	n/a	
Urban Ministries Shelter	$247,325	9,983 (nights)	Decrease
Durham Police Department	$23,226	158	Decrease
Arrests	$11,907	81	
Suspects	$8,379	57	
Victims	$2,940	20	
Admin. Office of Courts	$10,023	69 (trials)	Decrease
Misdemeanors	$7,691	60	
Felonies	$2,331	9	
Durham Sheriff's Office	$130,802		Decrease
Jails	$130,260	2,171 (nights)	
Transports	$542	14	
NC. Department of Corrections	$56,478		Decrease
Prison	$51,485	86	
Probation	$4,993	1,102	
Total Costs	$1,519,125		
Average Cost per Person	$10,334		

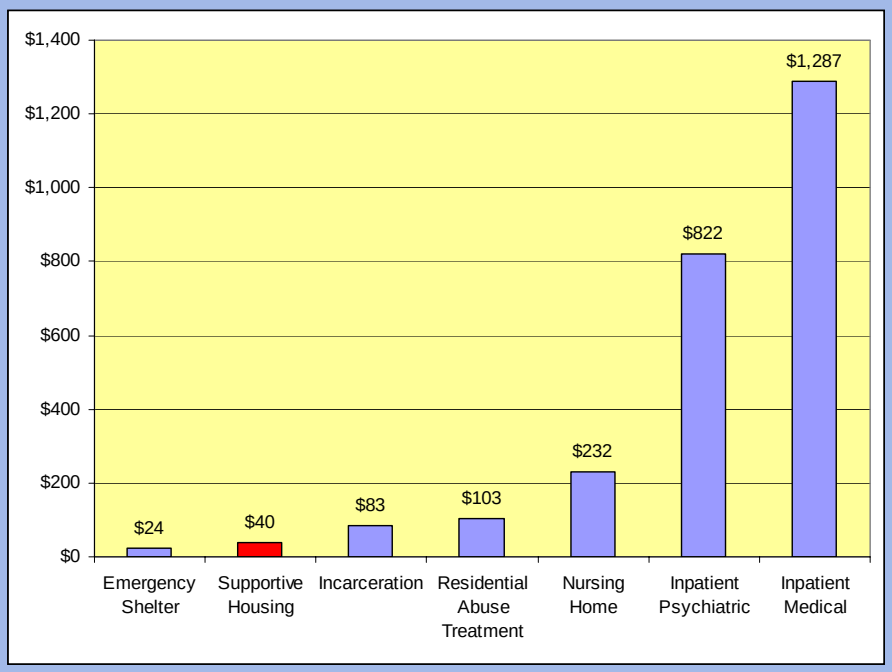
Source: The Hidden Cost of Services to the Chronically Homeless in Durham County, NC, Report by Liz Clasen, Candidate for MPP at Duke University, Advisor- Dr. Philip Cook, April 2006.

person per year was estimated to be $10,334. The cost of operating permanent supportive housing in the county was estimated to be between $5,000 and $16,000. This does not provide a strong economic argument to opt for permanent supportive housing.

A Plan to End Homelessness prepared by Homeless Network of Yakima County, Washington estimates the average annual cost of a shelter bed to be $8,030, which is more than federal housing subsidy. The median gross rent in the county was $539 per month, which implies that it would cost $6,468 to house a person in the county, $1,562 less than sheltering a person. For low-income individuals on a fixed income the average rent was $339 per month or $4,068, which is almost half of that of shelter cost. As a comparison, median gross rent in Orange County was $684 in 2000, which implies that it costs $8,208 to house a person in the county for one year.

In the Ten Year Plan to End Homelessness for the Greater Bridgeport Area in Connecticut the cost of supportive housing was compared to various alternative public service settings, illustrated in Chart 3 below. A cost saving of $43 per day was estimated compared placing a homeless person in jail, $63 savings per day compared to residential substance abuse treatment, $192 savings per day compared to a nursing home, $782 savings per day compared to inpatient psychiatric treatment, and $1,247 savings per day compared to an inpatient medical treatment.

Chart 3: Cost per Day of Connecticut Supportive Housing vs. Alternative Settings for Homeless Consumers



Source: Partnership for Strong Communities Reaching Home Campaign, 2003

The real cost of sheltering a family also includes the long-term effects on children, such as stress, poor nutrition, and lack of self-esteem, which are incalculable.

The real cost of sheltering a family also includes the long-term effects on children, such as stress, poor nutrition, and lack of self-esteem, which are incalculable. According to a literature review presented in “The Legal Rights and Educational Problems of Homeless Children and Youth” written by Dr. Yvonne Rafferty

of Pace University, the long-term absentee rate in New York Public Schools was 15 percent among 368 homeless children, compared to 3.5 percent in the general population. About 79 percent of 49 homeless children in New York scored at or below the 10th percentile for children of the same age in general population. Such poor educational experience and loss of opportunity impedes growth among homeless children and youth, making a long lasting impact on their productivity.

In summary, the studies indicated that the cost of the current chronic homeless population in Orange County would be about $1,600,000 per year. The provision of supportive housing for chronically homeless persons decreases costs such as emergency shelter, emergency health services, and jail, but may increase other costs, such as case management, apart from the one-time cost to construct the supportive housing and to establish services. After receiving secure housing, homeless persons tend to cover some of their own expenses. Most of the studies indicate that there is a net saving to the tax payers and society by providing supportive housing to chronically homeless persons. The annual cost savings due to the provision of permanent supportive housing in Orange County may be up to $860,000.

3. Implementation Plan

The Implementation Plan includes a table that provides implementation details for the outcomes presented in Executive Summary, including estimates of the timeline, costs associated with the effort, and suggestions for the natural partners that should be interested in working on the strategy. The Cost Schedule included in the plan is only one of many possible funding scenarios. The recommended structure of an Executive Team to oversee the implementation and the hiring of staff to manage the effort are provided in a memorandum following the table. Finally, a document that provides guidance on the evaluation of progress on the plan and expansion of the Homeless Management Information System is included at the end of the section.

Importance of the Natural Partners

The natural partners will be the primary leaders in implementing the plan across Orange County. Many of these partners are part of the Community Initiative to End Homelessness. The Community Initiative to End Homelessness is an existing body of natural partner organizations that is designed to address the critical problem of homelessness through a coordinated community based process of identifying needs and building a system to address those needs using homeless funds from HUD, as well as other mainstream resources. Two primary and common goals of the 10-Year Plan and the CIEH are: Developing a collaborative system of housing and services & identifying and securing funding for housing and services.

Once the plan is adopted and the coordinator hired, the natural partner organizations will accomplish the majority of the plan's activities. The natural partners will provide the leadership in refining the tactics necessary to implement the plan. These partners will work closely with the coordinator in identifying annual projects that will require funding support from the local governments and private resources. They will assist the coordinator and Executive Team in understanding the complex nature of homelessness and the importance of community-based advocacy.

Strategy/Tactic	Start Time Frame	Estimated Cost	Natural Partners
Goal 1: Reduce Chronic Homelessness			
Strategy 1.1: Establish an assertive street outreach program that targets unsheltered homeless people at natural gathering places throughout Orange County. • Focus on relationship building between merchants, law enforcement and assertive outreach staff with those who are homeless • Focus on simply engaging clients in relationship building before enrolling in services and define success in very small terms o Ensure that there is flexibility in how this is accomplished. o Make sure that this consists of at least two outreach staff o Outreach and engagement activities should not be time limited by funding mechanisms o Utilize formerly homeless/peers to engage in relationship building for those that are hard to reach o Ensure that services are in place at the very moment the client is ready for services	Year 1	High	OPC IFC OCIM Law Enforcement Businesses Chapel Hill Downtown Partnership
Strategy 1.2: Establish an outreach system in Northern Orange County that uses the congregate feeding programs as a place to begin identifying those who are chronically homeless in the rural part of the county.	Year 1	Mod	OCIM Congregations Law Enforcement JOCCA
Strategy 1.3: Create an Assertive Community Treatment Team that targets those who are chronically homeless and integrates the team with the above outreach efforts.	Year 2 – 4	High	OPC Freedom House
Strategy 1.4: Ensure that both inpatient and outpatient substance abuse treatment is made available to those chronically homeless individuals who desire that service. If inpatient treatment is necessary, make sure that permanent housing is not lost during the inpatient stay.	Year 2 - 4	High	OPC Freedom House
Strategy 1.5: Identify strategies designed to address the needs for shelter and services for individuals with complex behaviors that result in being banned from kitchen/shelter services.	Year 1	No cost	IFC

Low Cost < $10,000 Medium Cost $10,000 - $50,000 High Cost >$50,000

Strategy/Tactic	Start Time Frame	Estimated Cost	Natural Partners
Strategy 1.6: Sheltered chronically homeless people move into permanent housing by receiving the services necessary for them to obtain and maintain permanent housing (see services section below)	Year 2 - 4		
Strategy 1.7: 40 units will be rehabbed/rented/built to provide permanent supportive housing (including the use of Assertive Community Treatment Teams) for the chronic homeless in Orange County within the first 3-5 years of the plan.	Year 1	High*	Elected Officials Developers
Strategy 1.8: Ensure that nonprofit developers have the organizational and financial capacity to create new housing units within the community for the chronically homeless.	Year 1	Med	Nonprofit organizations Government Staff
Strategy 1.9: Identify a wide variety of sites for housing the chronically homeless throughout the county in the most fair and effective places within the county by • Requesting the planning departments of all municipalities and Orange County compile a list of all available publicly owned housing/land that can be used for development. • Encouraging local political leaders to provide publicly owned land/housing to those developing permanent supportive housing • Identifying all available rental properties that can be bought by supportive housing developers.	Year 1	No cost	Elected officials Government Staff Nonprofit organizations
Strategy 1.10: Establish a rigorous evaluation mechanism that measures the cost of individuals who are chronically homeless before and after they are receiving housing and support services.	Year 1	Mod	

Low Cost < $10,000 Medium Cost $10,000 - $50,000 High Cost >$50,000

* See Appendix C for one of many possible development strategies.

Strategy/Tactic	Start Time Frame	Estimated Cost	Natural Partners
Goal 2: Increase Employment			
Strategy 2.1: Current supportive employers will increase the number of homeless people they hire • Develop a strategy designed to publicly recognize these employers • Develop a media campaign designed to highlight the productivity of those who are homeless and the benefits they have brought to specific employers • Strengthen current connections between local service providers and employers by creating a jobs developer position (see next section) to be housed within a local human service agency. • Encourage the development of tax breaks as a means of incentives for the participating employers	Year 2 - 4	Med	ESC Goodworks Workforce Investment Act funded projects JOCCA Job Links Durham Tech Chambers of Commerce Orange Enterprises Voc Rehab
Strategy 2.2: Potential employers will increase their understanding of those who are homeless and hire homeless or formerly homeless individuals • Ally with those employers who currently are supportive of hiring homeless people to make presentations at local Chamber meetings	Year 1	Low	Chambers UNC
Strategy 2.3: Design and implement a model employment and training program that focuses on individualized assessment, job goals and placement activities. • Jobs developer specifically for the homeless • Use innovative strategies that might include formerly homeless people in helping with job placement activities and mentoring • Ensure the long-term success by facilitating financial literacy that includes organizational skills and record keeping. • Develop individual and employer oriented strategies to overcome the barriers associated with a recent criminal history	Year 2 - 4	Med	Orange Enterprises Voc Rehab Durham Tech
Strategy 2.4: Develop and implement a credentialing process designed to create skills that prepare homeless persons for employment by establishing partnerships with local Chambers of Commerce to convene and educate about homeless people and their employment needs.	Year 2 -4	Low	Chambers WIA/JOCCA

Low Cost < $10,000 Medium Cost $10,000 - $50,000 High Cost >$50,000

Strategy/Tactic	Start Time Frame	Estimated Cost	Natural Partners
Strategy 2.5: Enhance the skills development center that exists on Franklin Street and develop a comparable site in Hillsborough. Include the development of: • Voice mail system for homeless people to access potential calls from employers • Continued access to clothing vouchers to thrift stores for appropriate interview attire • P.O Box and or storage space for essential documents	Year 5 - 7	High	Elected officials Durham Tech
Strategy 2.6: Design and implement a strategy targeting those who are aging out of the foster care system as a way to prevent future homelessness by building a successful employment history and supporting ongoing financial literacy efforts.	Year 5 - 7	Med	DSS Volunteers for youth
Strategy 2.7: Support and build on the "Wheels for Work" model that is currently only available to work first participants.	Year 2 - 4	Med	DSS
Strategy 2.8: Increase the number and availability of child care slots in quality child care centers for homeless families	Year 2 - 4	High	CCSA
Strategy 2.9: Support transportation expansion plan in Chapel Hill Transit System and Triangle Transit Authority.	Year 1	No cost	Elected officials Nonprofit organizations University
Strategy 2.10: Endorse ongoing discussions between Orange Transportation and Chapel Hill Transit System.	Year 1	No cost	Elected officials Nonprofit organizations University

Low Cost < $10,000 Medium Cost $10,000 - $50,000 High Cost >$50,000

Strategy/Tactic	Start Time Frame	Estimated Cost	Natural Partners
Goal 3: Prevent Homelessness			
Strategy 3.1: Youth aging out of the foster care system will maintain a relationship with human services in order to prevent homelessness • Determine what strategies might be used after young people turn 21 in order to maintain an ongoing relationship with human service providers that is designed to prevent homelessness • Support current foster care efforts in building relationships with adult role models.	Year 2 - 4	Med	DSS
Strategy 3.2: Begin examining the data and relevant strategies designed to work with unemancipated youth between the ages of 16-18 who are running away.	Year 1	Med	IFC Law Enforcement Juvenile Justice Courts Communities in Schools Public Schools
Strategy 3.3: Those exiting prison, the military, hospitals and other health related institutions will not be discharged into homelessness • Discharge planning from state hospitals and prisons o Support a statewide legislative strategy requiring discharge planning that does not use a homeless shelter as part of the plan o Look at other state systems of discharge planning • Increase staff and bed capacity of shelters and emergency assistance providers to meet the needs of those inappropriately discharged. • Ensure that those exiting from UNC Hospitals (nearly 50% have an addiction history) are discharged with a plan to support recovery.	Year 1	High	State legislative team Service Providers UNC Hospitals VA Hospital Prison System
Strategy 3.4: Assess the actual need and develop step down housing for those exiting inpatient substance abuse treatment services. This housing should create a safe and supportive environment designed to promote recovery.	Year 5 - 7	High	Freedom House Horizons

Low Cost < $10,000 Medium Cost $10,000 - $50,000 High Cost >$50,000

Strategy/Tactic	Start Time Frame	Estimated Cost	Natural Partners
Strategy 3.5: Those with unstable housing will receive the necessary services to prevent loss of housing. This includes families who are doubled up that may lose their housing, those who are experiencing an immediate health care crisis that jeopardizes their housing, and those who have received eviction notices. • Encourage all human service agencies that provide case management to participate in efforts designed to coordinate case management activities throughout Orange County. • Encourage all those agencies providing emergency assistance to coordinate efforts and develop a community wide prevention plan. • Ensure that case management and supportive services accompany emergency assistance. • Establish and fund a rental subsidy program that moves beyond emergency assistance.	Year 1	High	IFC OCIM DSS JOCCA Crisis assistance providers Duke Energy Piedmont Electric Congregations Housing Authority Landlords
Strategy 3.6: Develop a plan designed to address the current gap in affordable housing units available to homeless families and individuals • By year 3 identify strategies to eliminate the gap of 44 family units. • By year 3 identify strategies to eliminate the gap of 161 individual units.	Year 2 - 4	Low	10 Year Plan Work Group

Low Cost < $10,000 Medium Cost $10,000 - $50,000 High Cost >$50,000

Strategy/Tactic	Start Time Frame	Estimated Cost	Natural Partners
Goal 4: Increase access to services			
Strategy 4.1: Improve the network of homeless service providers to eliminate individuals from falling through the cracks • Increase participation in HMIS • Increase participation in the Continuum of Care meetings where information is exchanged and ongoing planning occurs • Provide local funding incentives for creative partnerships in working to end homelessness in Orange County	Year 1	Med	Homeless Service Providers
Strategy 4.2: Homeless people will be engaged and enrolled in the appropriate services • Encourage congregations to help with engagement activities by increasing the training congregations receive in order to understand the challenges and needs of working with homeless people. Balance the increase of individual congregational participation with the encouragement to participate with IFC or OCIM in order to build a network of congregational support. • Continue to use creative ways, such as plaques on the bus, to provide promotional numbers. • Support efforts that would pull in the support that Orange County is eligible for from the Veteran's Administration • Work with current Assertive Community Treatment Teams to increase their understanding of and ability to work with those who are homeless	Year 2 - 4	High	Homeless Service Providers Government OPC
Strategy 4.3: Develop a system designed to decrease the length of time necessary for individuals to receive identification • Train volunteers to trace the information necessary for identification checks • Develop a pool of resources to pay for birth certificates and other identification, including discharge information for those who are veterans. • Make copies and keep copies on file • HMIS activity that allows for permanent documents to be scanned in and placed in the client file • Find a place for persons to store identification and other belongings during the day such as a locker or P.O. Box	Year 1	Med	IFC Governments DSS

Low Cost < $10,000 Medium Cost $10,000 - $50,000 High Cost >$50,000

Strategy/Tactic	Start Time Frame	Estimated Cost	Natural Partners
Strategy 4.4: Decrease wait for Medicaid disability • Increase the number of trained advocates who know and understand the system of Medicaid disability determination • Find funding to support services between initial enrollment and actual cash benefits received • Identify a place where individuals can use an address for application and ongoing correspondence about disability enrollment	Year 2 - 4	Low	State
Strategy 4.5: Health care/Dental Care • Support/establish a system of primary care services available to all uninsured individuals. • Support/establish a system of basic dental services available to all low-income individuals, especially adults. • Increase/strengthen the mental health and substance abuse services needed by homeless people • Ensure that people have access to medication at free or reduced rates. • Increase the community capacity to provide preventive medical care for homeless individuals and families	Year 5 – 7	High	Health Department Piedmont Health UNC Hospitals UNC Medicine UNC Dental Freedom House
Strategy 4.6: Improve the capacity of current providers to serve as a point-of-entry, including sufficient funding to support a facility that is open 24 hours a day, seven days a week. • On-site services that include greater hours of accessibility and storage facilities, including the ability to store personal items. • Encourage local government and university support of expanding the ability of a shelter to provide day services. • Provide support for volunteer/intern development and staffing plans in order to: o Increase the number of citizens involved in eliminating homelessness o Increasing the number of homeless services provided	Year 2 - 4	High	IFC OCIM
Strategy 4.7: Increase access to community resources (jobs, housing, services, and childcare) in order to develop a maximum 90-day length-of-stay strategy for homeless persons in shelters to facilitate their return to permanent housing.	Year 5 - 7	Low	IFC

Low Cost < $10,000 Medium Cost $10,000 - $50,000 High Cost >$50,000

Strategy/Tactic	Start Time Frame	Estimated Cost	Natural Partners
Goal 5: Increase Public Participation in Ending Homelessness			
Strategy 5.1: Identify specific strategies that eliminate NIMBYism (Not In My Back Yard) in Orange County	Year 1	Low	Elected officials Homeless Service Providers Private developers
Strategy 5.2: Increase the number of volunteers directly working with homeless people to reduce misperceptions • Support volunteer recruitment and retention activities at current housing and service providers • Support the use of the community kitchen and other congregate meal settings as a way to engage volunteers • Support individuals volunteering within local programs and transitioning into the community as homeless individuals transition. • Build upon the success of the Work First Family Team to support homeless people in making connections within the community	Year 2 – 4	Med	Housing Service Providers Chambers Congregations
Strategy 5.3: Increase positive media support • Develop a media packet and media contacts for issues around homelessness in Orange County • Once each year, provide media training to the members of the Community Initiative to End Homelessness • Write 3-4 guest columns each year about the status of homelessness and affordable housing in Orange County • Identify high budget priority items that would benefit from a human interest story prior to the county budget decision making process.	Year 1	Low	Newspapers in Community
Strategy 5.4: Improve the PR presence of current providers within Orange County	Year 2 – 4	Low	Newspapers
Strategy 5.5: Develop strategies that demonstrate “proven results” to the taxpayers of Orange County. Include specific values for the benefits associated with investing in mental health.	Year 1	Low	UNC Academic Department Project

Low Cost < $10,000 Medium Cost $10,000 - $50,000 High Cost >$50,000

3.2 10-Year Plan Cost Schedule

This Scenario provides one option of what funding responsibilities to fully implement this plan MAY cost.

- These funding numbers are examples only and not exact.

Assumptions:

- $100,000 was used for "high" cost tasks.
- $30,000 was used for "medium" cost tasks.
- $5,000 was used for "low" cost items.
- All costs are considered "on-going" i.e., once a program is begun, it must continue.
- The exact tasks and programs pursued will shift and change as the plan progresses. Not all programs will necessarily proceed and other programs not shown will be pursued.
- Timing shown will shift with implementation priorities and funding availability.
- Tasks are shown in the order they appear in the Implementation Plan.
- Percentage local dollar figures at the bottom of the table demonstrate the possibility of outside funding.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Executive Director	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000
Street Outreach	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
Feeding Outreach	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
ACT Team/ Community Support	$100.000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
Substance Abuse Treat				$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
Housing	$1,000,000	$1,000,000	$1,000,000	$1,000,000						
Non-profit Capacity	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Site ID										
Cost of Service	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Hiring Program-Existing		$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Hiring Program-New	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Employment Training		$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Credentialing Process		$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Enhance Skills Dev. Ctr.						$100,000	$100,000	$100,000	$100,000	$100,000
Foster Care Target						$30,000	$30,000	$30,000	$30,000	$30,000
Wheels for Work			$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Child Care Slots		$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
Foster Care/ Human Svs.				$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Unemancipated Youth	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Discharge Planning	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
Step Down Housing							$100,000	$100,000	$100,000	$100,000
Unstable Housing	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
Affordable Housing Gap				$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Network of Providers	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Engagement			$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
Identification Timeframe	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Decrease Medicaid Wait		$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Health/Dental					$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
Improve Provider Capacity			$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
NIMBY	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Increase Volunteer Involve			$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000	$30,000
Positive Media	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
PR Presence				$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Find Proven Results	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Totals	$1,560,000	$1,830,000	$2,090,000	$2,230,000	$1,330,000	$1,460,000	$1,560,000	$1,560,000	$1,560,000	$1,560,000

3.3 Implementation Structure

Orange County's 10 Year Plan to End Chronic Homelessness is a bold new initiative that sets new priorities and changes perspectives on how we see people who are or could be homeless in our community. This is a substantial undertaking that will necessitate a commitment from our local and state elected officials, human service providers, the private sector, faith based entities, and residents from throughout our cities and county to be successful.

Achieving this plan will require ongoing involvement and participation of partner agencies, to see it through without interruption for the entire 10 years. The Implementation Plan must have a defined structure, clear roles, responsibilities, and a long-term commitment from all partners to achieve our outcome goals.

To achieve this, a structure will be established to oversee and administer the plan and to directly involve the many individuals and organizations who have interests in the many components which will need to be addressed to realize the results of this plan. Components pictured on the chart that follows are described below.

Executive Team

The Executive Team will provide insight as to the direction, and new efforts that are needed over the course of the 10 Year Implementation. It will serve as a base of community support by advocating for programs that move the results of the 10 Year Plan forward within Orange County and provide oversight for the 10 Year Plan Coordinator. This Team will meet quarterly to ensure that goals, objectives and strategies of the 10 Year Plan to End Homelessness are being met, and to help address the inevitable challenges inherent in this ambitious initiative. At least one meeting per year will serve as a public forum for the community-at-large. These annual forums will provide the Executive Team an opportunity to update the community on plan activities and to reaffirm community direction and support as the Plan evolves and new strategies are adopted to end and prevent homelessness in the next decade. Annually, strategies will be prioritized for the coming 12 months.

The Executive Team will consist of:

Chapel Hill Town Council (1)
Carrboro Board of Aldermen (1)
Hillsborough Board of Commissioners (1)
Orange County Board of Commissioners (1)
Triangle United Way (1)
Natural Service Partners (2)
Congregational Representatives (2)
Chapel Hill Chamber of Commerce (1)
Hillsborough Chamber of Commerce (1)
At-large (2)
UNC-Chapel Hill (1)
UNC-Hospitals (1)
Formerly Homeless Individuals (2)
Developer/Homebuilder (1)

Coordinator of the 10 Year Plan

A critical component of future plan implementation includes a recommendation to hire a Plan Coordinator to direct implementation of plan strategies, support the Executive Team, and staff the County's Continuum of Care known as the Community Initiative to End Homelessness. This position may be housed with the County pending approval of the Orange County Board of Commissioners. The Steering Committee considers placement within Orange County government allows it to be flexible enough to respond to needs in all jurisdictions in the County.

In order to hire this person by January 1, 2008, funding must be secured by June 30, 2007. Once funding is secured, members of the Executive Team will work to develop a detailed job description for this position and will continually monitor implementation activities.

This staff person's responsibilities will include:

1. Develop the infrastructure for the implementation of the 10-Year Plan to End Homelessness including the development of:
    a. The capacity of developers (for profit and nonprofit) to rehabilitate and build housing for those at 0-30% of the AMI.
    b. A financial plan to leverage and reinvest available financial resources throughout Orange County to support the plan.
2. Implement strategies of the 10-Year Plan to End Homelessness.
    a. Swiftly work towards creating the structure necessary to build Housing First units.
    b. Focus efforts on building the street outreach necessary to engage chronic homeless individuals on the street.
3. Convene groups of natural partners to develop strategies to move specific activities forward.
4. Increase the level of participation in CADB/HMIS system.
5. Gather Year I data for the evaluation of the plan.
6. Implement a public education campaign designed to focus on a) increasing volunteer commitment to aspects of the plan and b) eliminating NIMBYISM
7. Facilitate the annual preparation of the Continuum of Care applications.

3.4 Evaluation of the Plan and the Implementation of HMIS

Evaluation must go hand-in-hand with implementation of the 10-Year Action Plan. Ongoing assessment is vital for several basic reasons: accountability, quality improvement, and predicting future needs and costs. Good evaluations enable a clear understanding of service use, effectiveness, and gaps. For example, service usage and cost data should enable us to learn to what extent we are successful in decreasing the use of high-cost interventions such as hospital emergency department visits, crisis mental health care, and police transports.

One key element in ensuring a good evaluation system is the use of sound data collected at the individual, organizational and community levels. In Orange County, this will require the expansion and development of a Homeless Management Information System that is consistent with the US Department of Housing and Urban Development's mandate to have an HMIS in order to receive federal funding. In order to accomplish this the 10 Year Plan recommends the following strategies.

Strategy 1. Design a common consent form that allows appropriate levels for sharing client information that does not violate HIPAA regulations

Strategy 2. Develop indicators and tracking mechanisms for HMIS user agencies to allow the measurement of their impact on homelessness

Strategy 3. Improve the technical capacity of all agencies involved in the creation of this web-based system

Strategy 4. Make the database available to other community groups that might serve as entry points i.e., congregations

With the development and implementation of a community-wide HMIS system that enables individual, organizational, and community wide data to be accessed with the appropriate level of confidentiality, Orange County will be able to collect the following overarching indicators that demonstrate the success of Orange County's 10 Year Plan to End Homelessness.

Indicator 1. The decrease in the number of chronic homeless people as counted in the annual point-in-time count.

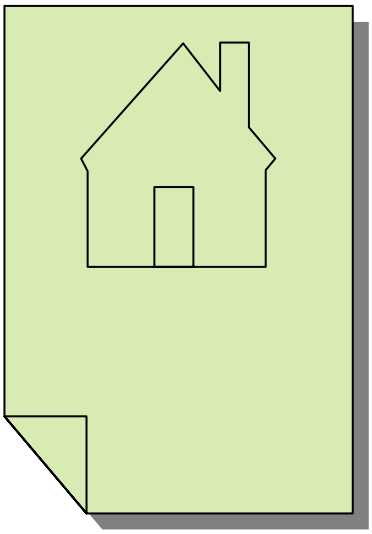
Indicator 2. The decrease in the number of homeless individuals and families as counted by both the point-in-time count and annual census data that can be gathered through HMIS.

Indicator 3. The increase in wages experienced by homeless individuals between entrance into a program and exit into permanent housing.

Indicator 4. The decrease in the number of evictions throughout Orange County.

Indicator 5. The increased number of planned discharges into permanent supportive housing, and the decreased number of discharges into emergency shelter.

Indicator 6. The increase in the number of volunteers at the primary agencies providing homeless services.



Appendices

Appendix A: Summary of Focus Group Sessions

Appendix B: AOCA Forum Recommendations

Appendix C: Housing Development Scenario

Appendix D: Housing First Best Practices

Appendix A: Summary of Focus Group Sessions

A total of eighteen focus group sessions and interviews were held at various locations throughout Orange County in January, February, and March 2006. Invitations were sent to residents and industry professionals. These sessions were designed to gather input about experiences with homelessness and to solicit possible remedial actions that address impediments to the housing, services, employment, and healthcare needs of homeless persons.

Introduction

Interviews and focus group sessions build an effective and ongoing relationship with various groups in the community by facilitating an exchange of concerns and ideas about problems and solutions to homelessness.

The eighteen sessions held in Orange County included the business community, healthcare representatives, criminal justice professionals, homeless shelter providers, service providers, congregations, education professionals, government officials, advisory boards, community groups, and currently and formerly homeless individuals.

The information gathered through interviews and focus groups sessions was used to identify reoccurring service themes for further examination at community forums. The community forums will offer professionals, who are in the field daily and who see the situations first hand a chance to offer creative solutions. The forums will help to educate the general public who are not associated with the homelessness issue on the dynamics of the problem. The public participation process creates buy-in and builds consensus among community members and helps to spur partnerships between the public and private organizations. The following pages are a summary of the eighteen focus groups sessions.

Thursday, November 17, 2006 (Part I)
Thursday, January 19, 2006 (Part II)
Community Initiative to End Homelessness Focus Group
United Church of Chapel Hill (Part I)
Church of Jesus Christ of Latter Day Saints (Part II)

The Community Initiative to End Homelessness is an organization that averages 30 to 35 people per meeting to allow in-depth discussion of the issues. This focus group discussed ideas, needs, and solutions for each of the 10 essentials recommended for 10-Year Plans to end Homelessness. The 10 essentials are: 1) Plan, 2) Data, 3) Emergency Prevention, 4) Systems Prevention, 5) Outreach, 6) Shorten Homelessness, 7) Rapid Re-Housing, 8) Services, 9) Permanent Housing, 10) Income.

Data collection was viewed as an important piece, but was seen as too expensive to collect data and lacking funding. Orange County does not currently have its Homeless Management Information System in place, and there are only three organizations that will be required to participate. This year the Point-in-Time count is

working hard to make sure that people in the northern end of the county are counted. It was felt that if a better job was not done capturing the data on people who are discharged directly to shelters, it will be difficult to collaborate and work with the institutions on changing patterns of homelessness. It was noted that even though there are organizations and resources there are not enough to adequately address the problem. One person stated that by not doing enough early identification and intervention and waiting for families to show up at the shelters we end up paying more in the long run. A basic need such as financial literacy was brought out as a solution for several issues. In addition to discussing needs and solutions there was a healthy exchange of resources across the table.

In summary, key points discussed in the focus group session included:

- Data Collection
- Housing Affordability and Poverty
- Perception of Homelessness/Public Education
- Availability of Resources/Services
- Collaboration and Partnerships to Implement a Viable Homeless Strategy
- Discharge Planning Policy
- Need for Basic Necessities:
    - Food, Shelter, Transportation
- Housing First

Solution ideas included:

- Have landlords assist in identifying families that may be at risk of homelessness
- Support and expand Section 8 homeownership programs
- Develop financial literacy courses
- Increasing the eligibility of children for federal health insurance programs
- Public education to change misperceptions of homelessness
- John Edwards' initiative on poverty, "Opportunity Rocks"
- Marketing emergency and social services to those who are at-risk of becoming homeless.
- Increase monetary resources available for homelessness
- Develop community networking and partnerships for distributing information and coordinating services.
- Provide education on the Housing First model and affordable housing
- Shared housing for single mothers with children
- Local minimum wage that is higher than the federal minimum wage

Wednesday, January 18, 2006
Currently Homeless Focus Group
University Presbyterian Church

The focus group of homeless persons was very vocal and gave insights into some of the hardships and needs of this population. One of the loudest sentiments voiced was the fact that criminal background checks make it hard to access housing and jobs in the community. Many people agreed that Chapel Hill has a wide array of services, but many of the critical basic needs are not being met. Many spoke about the lack of telephone services, laundry services, mail or email services, and storage facilities. Without some of these needs being met, obtaining employment and stability is difficult. It is hard to plan for the future when one is focused on day to day survival. It was said that the Inter-Faith Council for Social Services does a good job for its size. Participants indicated that Raleigh's shelter program was a good model with a high success rate. Also Wilmington's day shelter was mentioned as a best practice. The lack of day facilities was mentioned because many said if you have a night job there is no place to sleep during the day. One person suggested having separate facilities for those with different issues, for example it was said that having many unstable and mentally-ill guys in the room with someone who is just down on their luck makes the situation that much harder. When asked if you could have one need fulfilled, many suggested "jobs that pay well" or "a living wage".

Key points discussed:

- Misperceptions of who the homeless are
- Education of residents on issues of homelessness
- Homeless individuals need access to electronic world
    - Telephones, computers, voicemail, faxes, etc.
- Living wages
- Affordable housing
- Employment opportunities

Solutions included:

- Assist homeless individuals in gaining access to the digital world
    - Phone, voicemail, faxes, computers, internet access
        - Possibly see if they could use UNC computer services
- Provide assistance to obtain a P.O. Box.
- Day resource center
- The Healing Place concept
- Separate facilities for different needs
- Storage facilities
- Living wages instead of minimum wages

Monday, February 20, 2006
Healthcare Professionals Focus Group
UNC – Hedrick Administration Building

The healthcare focus group immediately started on the topic of cost. How does homelessness impact the budgets of healthcare providers? Durham County's cost analysis was mentioned. The group felt that it is a rare circumstance for people to come into the healthcare system and then lose their homes. Usually, people are already homeless or in an unstable living situation prior to coming to the hospital. It was said that healthcare providers often provide services to those who are at risk of being homeless or are living in temporary situations. The VA has healthcare staff dedicated to working with homeless individuals. The group indicated that noncompliance is rampant among homeless individuals who are supposed to receive follow-up care. When asked about gaps in services the group felt that there are not really gaps in case management – there was a void in the availability of case management. Homelessness does not fall into the mission of the healthcare system, so typically there are no or few case mangers. Most people who are homeless go to the emergency room for healthcare. One of the most frequent requests that they receive from individuals without healthcare insurance is dental care. Dental problems have become a large need that is not being adequately served.

Key items discussed throughout the focus group session were:

- Proportion of Healthcare Costs Spent on the Homeless
- Discharge Planning Policy
- Psychiatric and Medical Follow Up Care
- Dental Care
- Health Related Conditions
- Housing First
- Case Management
- Ex-offender Re-entry into the Community

Solution ideas included:

- Address the re-entry process for ex-offenders and others who may have a negative background
- Regional consensus and collaboration when defining the issue and developing strategies so that all the players would be at the table and myths and misperceptions could be dispelled.
- Develop a plan to help individuals save for the first and last months' rents

Tuesday, February 21, 2006
Business Community Focus Group
Carrboro Town Hall

The Business Community focus group contained a very lively conversation that started from a positive declaration that the business community was clear that there is a distinction between those who are homeless and those who panhandle and the two categories do not always correlate. It was strongly felt that an anti-panhandling/anti-loitering ordinance should be established. They felt the issue of panhandling in the downtown area was limited enough to be managed. A relatively small number of individuals account for 90 percent of the problems faced by business owners. Many business owners

echoed the sentiment that if the streets were cleared and the shelter was relocated from the downtown area, the business community would be happy to get on board financially and support strategies to end homelessness in Orange County. Many ideas and best practices were suggested such as providing services during the day and addressing areas of daytime hygiene and storage. One person suggested that a campus environment, linking the shelters, a Single Room Occupancy (SRO) complex, and a soup kitchen all in one- would be a positive step. Some participants were concerned that a state of the art facility would draw homeless individuals from other places.

Key issues discussed in the focus group session were:

- Panhandling vs. Homelessness
- Perception of Panhandlers/Homeless
- Ant-panhandling Ordinance
- Basic Needs Addressed
    - Personal Hygiene
    - Storage
- Affordable Housing
- Best Practice models
    - Healing Place
    - Ronald McDonald House
    - Women's Shelter
    - Durham Rescue Mission
    - Real Change, Not Spare Change
- Attraction of a State of the Art Facility
- Location of the Homeless Shelter

Solution ideas included:

- Job training
- Affordable housing
- Day resources
    - Storage, personal hygiene resources
- Woman's shelter
- Durham Rescue Mission
- Ronald McDonald House
- Healing Place in Raleigh
- Campus environment linking the shelters, a Single Room Occupancy complex, and soup kitchen

Tuesday, February 21, 2006
Criminal Justice Focus Group
Carrboro Police Department

The Criminal Justice focus group was centered on the nuisances that they witness in response to the homeless community and the perspective of what officers face when responding to these calls. It was mentioned that the business community uses the police to handle issues of panhandling and loitering. One of the largest issues that was discussed was the fact that people are being let out of jail and discharged from hospitals and then dropped off at homeless shelters. Due to lack of discharge planning the police staff spends much of their time addressing individuals who are roaming the streets, off their medication, or returning to former criminal behavior. One individual spoke to the cost of services for improper discharge planning. It was felt that this gap repeats the cycle and inappropriately uses emergency services. It was mentioned that when bus transportation is not available, some homeless individuals use ambulances for transportation which cost $400 per trip.

Key points discussed in the focus group:

- Participants felt that the unsheltered population was not very large.
- There are many countless others who are doubled up or are at-risk of experiencing homelessness.
- Hillsborough lacked a homeless shelter.
- Attendees also mentioned a lack of awareness of programs for substance abusers and those with mental illness.
- A more comprehensive and established discharge planning policy was seen as a major need in Orange County.

Solution ideas included:

- Education and intervention were seen as two major preventive measures that could be successful in reducing incidences of homelessness.
- Greater emphasis on discharge planning
- Better communication between all the entities that provide services to homeless individuals.

Tuesday, February 21, 2006
Northern Orange County Homeless Community Focus Group
Mt. Bright Baptist Church

(This focus group was unattended)

Wednesday, February 22, 2006
Non-Profit/Government Housing Providers Focus Group
Chapel Hill Public Library
The Housing Provider focus group offered insight into the gaps of the housing market. The high cost of housing was mentioned as a significant issue in Orange County. It was pointed out that public and subsidized housing units are suppose to be temporary solutions, but in Orange County it has become a permanent solution to housing. If people do not move out of the transitional facilities, such as public housing, those in emergency situations such as shelters and hospitals have no place to go. Public housing is supposed to be a safety net, not a permanent situation. The participants in this group were not certain how the community would react to Single Room Occupancy units as a solution, but neighborhood opposi-

tion would most likely be a challenge. Even affordable housing has a negative perception in the community. It was noted that affordable housing would is better received in the Northern parts of the county. Current voluntary affordable housing policies do not address rental housing or reach low enough income levels to impact on the homeless population or the truly low-income population. To build affordably you have to move further out into the county but transportation and utilities become more difficult the further out one goes. This group suggested that in order to attract affordable private development incentives or a fast-track review process would be helpful. If developers participate in voluntary inclusionary zoning in Chapel Hill or Carrboro it is important to make sure that the affordable housing blends in with the rest of the housing units.

Key Points Discussed:

- Affordable Housing Best Practices
  - SRO, Partnership Village, Club Nova
  - Rehabilitating existing units
- Neighborhood Opposition (NIMBY)
  - Negative perception of facilities for homeless individuals
- Voluntary Inclusionary Zoning Policies
  - Doesn't address rental housing
  - Payments in lieu of developing affordable housing units
  - Doesn't impact those at the low end of the housing spectrum
- Housing Cycle Stagnation
  - People are not moving out of subsidized units to market rate housing.
- Barriers to successful re-entry into affordable rental units for ex-offenders
  - Criminal background checks
  - Advocate/voucher system
- Housing First
  - Controversial related to distribution of funds
  - Group housing may be better approach
- Attracting Private Development
  - Voluntary affordable housing policies
  - Inclusionary Zoning
  - Incentives
  - Fast-track for development review process

Solution ideas included:

- SRO units
- Habitat for Humanity in Greensboro SRO concept
- Converting existing apartments to meet the needs of homeless individuals
- Advocate/voucher system
- Attract private developers to build affordable housing using incentives

Wednesday, February 22, 2006
Homeless Shelter Providers Focus Group
IFC Main Office

The Shelter Provider focus group had a discussion about what they face on a daily basis to serve this population. One of the first objectives with this group was to list all of the services, programs and assistance that are currently being offered through the

Inter-Faith Council for Social Services and Neighbor House. The list ranged from services such as the soup kitchen, to creative writing classes offered once a week. From here the group was able to point out gaps and identify priority needs. One of the issues discussed was the fact that shelters have become the dumping ground for hospitals and prisons. Ex-offenders have a hard time getting out the shelter system because they are not eligible for some social services and they have employability problems. The group explained that while private donations and assistance is up higher than ever, the federal government has less money available. The group expressed that in order to truly end homelessness you must win the war on poverty. There must be universal healthcare, living wages, childcare, affordable housing, education, and job training. It was felt that homelessness needed to become a priority among residents of the county through a public awareness campaign. There is a negative perception and fear of the homeless community. This perception is usually alleviated through volunteer opportunities. One person said that a greater commitment is needed from policy makers.

Key Points Discussed:

- Services currently being provided.
- Educational opportunities for homeless individuals.
- Homeless categorizations.
- Reasons for the increasing numbers of homeless:
    - Lack of health insurance exacerbates the problem;
    - The prison population is increasing;
    - Lack of support for persons with mental health issues; and
    - Lack of discharge planning in prisons and mental health hospitals.
- Ex-offender re-entry into the community.
- Financial literacy.
- Major issues that need to be combated and confronted:
    - Universal healthcare.
    - Living wages.
    - Childcare.
    - Affordable housing.
    - Education and job training.
    - Drug/Alcohol abuse.
- Community's negative perception of the homeless.
- Volunteer opportunities for the homeless.
- Community volunteer opportunities.
- Homeless representation on committees/boards.
- Housing First as a politically motivated model that encourages social isolation.
- Housing First as a good theory that must be well-funded from the beginning.

Solution ideas included:

- Have both the wider community and the homeless population volunteer their time in a public service activity.
- Have more mental health professionals doing site visits.
- Partnering with the police in community policing programs, dental and vision care professionals, job training institutions, and local banks.
- The State Employee Credit Union could partner with homeless service providers to develop alternative banking solutions.
- It would be beneficial to partner with a temporary employment agency to provide

employment opportunities.

- Homeless individuals need financial literacy training including budgeting, saving, and setting up and managing bank accounts.

Thursday, February 23, 2006
Business Community Focus Group - II
Hillsborough Economic Development Commission

The Second Business Community focus group had a low attendance, so the discussion was short but insightful. This group felt that the homeless population in the Town of Hillsborough is often doubled-up. The businesses in Hillsborough do not have a problem with panhandlers or loiters although it was mentioned that many transient homeless individuals stop at the Waffle House or McDonalds. In Hillsborough there is one man that is frequently seen and known by everyone. He is scruffy and appears to be homeless because he walks the streets. Many suspect that this individual chooses this lifestyle and actually is the richest man in Hillsborough. There is a need for homeless education in this part of the county including education of who is at risk of becoming homeless. The group felt that the community does not view homelessness as a major issue. Hillsborough is home to most of the light manufacturing and distribution jobs in the county but there is no way to connect individuals with these jobs due to public transportation limitations. The Orange County Economic Development Commission is working on a workforce survey that may shed light on wage gaps, training and job opportunities to meet the need of the homeless population. Affordable housing is viewed as major issue in the area but many do not make the connection between affording housing and homelessness. Hillsborough and Orange County seem to be more accepting of affordable housing and higher densities than Carrboro or Chapel Hills. Policies are in place that constrain growth and make it more difficult to develop affordable housing due to lower housing densities and rural buffer zones.

Key Points Discussed:

- The homeless population often doubles up.
- The community doesn't really think homelessness is a major issue.
    - Public awareness of the issue.
- Certification/voucher reference system.
- Housing isn't affordable for those who are homeless and low-income individuals.
- Policies that contain growth make it more difficult to develop affordable housing.
    - Rural buffer zones, downsizing, lower housing densities.

Solutions ideas included:

- Public awareness
- A certification process that provides references to homeless individuals or those who have a negative background would be useful for businesses who may consider hiring someone with a criminal background.

Thursday, February 23, 2006
Currently and Formerly Homeless Community Focus Group
University Presbyterian Church

The Currently and Formerly Homeless focus group started out with a need for the attendees to develop a certain amount of trust for the facilitators. Once this was established the session was meaningful and full of dialogue. In the beginning of the session it was clear that everyone had experienced the negative perception of homeless people. Many said that people just assumed that they will steal something or that they are taking drugs. They felt blamed for their situation and they felt that public awareness would help this misperception. They echoed the sentiment that people in the shelter are not panhandlers. The discussion at this point went into a list of needs that they experienced. This list ranged from a lack of employment available to a lack of basic needs to connect with services and employment (such as storage, access to daytime phones and showers). This group suggested opening an alternative shelter because there is a transient homeless population coming in and there is less room for the home town population with emergency needs. Another comment found agreement in the group was that there was no connection between social service agencies. No one in the room was familiar with United Way's 211 program. One person suggested that information for services should be put in an accessible location. Activities are critical to help those who are homeless interact with the rest of the community. Volunteer opportunities were suggested. Many times people just need to build their confidence and feel empowered, especially those who are substance abusers. The group also suggested peer meetings to help talk about resources and situations. This part of the discussion led into a talk about solutions and what services, groups, or situations helped them in their homeless situation. This list ranged from a 12-step program to church involvement to mental health assistance to obtaining a career oriented job.

Key Discussion Items:

- Lack of day resources.
- Lack of employment and education opportunities.
    - Especially during the day.
- Negative perception.
- Needs to be public awareness of who the homeless are.
- Major needs:
    - Interview suitable clothing, storage, personal hygiene resources and facilities, adequate phone number and address.
- Additional housing options needed.

Solution ideas included:

- Provide access to daytime phones and showers
- Clothing for interviews.
- The group suggested assistance obtaining a job that is career-oriented would be highly beneficial for homeless individuals.
- A 12 step program to assist substance abusers to overcome their addictions.
- Church involvement.
- Financial assistance.
- Financial aid for education.
- Mental health assistance.
- Peer and group counseling.
- Opportunities to give back and to volunteer their time.

- Temporary jobs would also be beneficial for homeless individuals.

Friday, February 24, 2006
Service Providers (Private) Focus Group
Triangle United Way

The Service Providers group was well informed and had a lot of thoughts on the topics that surround homelessness. This group first spoke to the issue of priority. They all felt that the general public was not aware of homelessness and how close people in the county are to being homeless because of the lack of a living wage. One person stated that they do not think that homelessness is a top priority in Orange County. The rest of the group chimed in by saying there is a disconnect between what local governments are charged with and the priorities and objectives at the state level. There is no coordination between the state and local governments. It was stated that in order to solve this problem they must be of one accord. The major component of this disconnection is mental health reform. Every year it is getting more and more difficult to provide resources to homeless individuals Another disconnect mentioned was the discharge planning process from the local institutions. Case managers are a needed resource. One solution suggested for this issue was to get service providers to be better advocates. They should be the ones educating government officials and business owners. This moved into a discussion about linkages that need to be strengthened. First and foremost everyone thought the mental health system should be repaired, and then the 10-year plan should be used as a spur for an advocacy campaign. Services should be reformed to a wraparound system instead of a continuum of services. It was said that pooling and coordinating resources might make the money go further, especially with emergency services. In addition, this group named some best practices that they have witnessed. These practices ranged from Single Room Occupancy hosted by Dominican monks in Chicago to engaging homeless individuals and inviting them to participate in community activities.

Key Points:

- The issue of homelessness is interrelated in many other social service issues.
- Ex-offenders re-entry into the community.
- The changing face of homelessness.
- Housing affordability.
    - Foreclosures, monthly rent payments.
- Lack of a living wage.
- More partnerships among agencies.
- Better discharge planning.
- Mental health reform is not working.
- Linkages.
    - Medical services, mental health system, stakeholders.
- Case management.
- Service providers as better advocates.
- Pooling and coordinating resources.
- Respecting everyone.
- Wrap around services.
- A variety of solutions need to be explored.

Solution ideas included:

- Get service providers to be better advocates.
- Pool and coordinate resources to make the funding more efficient and effective.
- Develop an endowed community fund that social service providers can tap into to use to assist families in legitimate professional ways.
- Teach youth to respect others and to provide youth character building opportunities so they can learn to empathize and have respect for all individuals.
- A dormitory style Single Room Occupancy unit complex.
- It would be helpful to tap into trained volunteer support to achieve wrap around services for homeless individuals in a Housing First model.

Monday, February 27, 2006
Service Providers (Public) Focus Group
OPC

The Public Service Providers focus group had an enthusiastic tone and was solution oriented with a focus on the spectrum of care provided by service agency regarding the issue of homelessness. Participants felt that homelessness was a major priority issue, with a particular emphasis on those who are at-risk or "doubled-up". Some of the services provided by the agencies in attendance included; assistance finding housing, services for those who are victims of domestic violence, food stamps, and veteran resources. The focus group felt that service providers needed to be educated on the issue of homelessness, particularly those who work in the medical field. It was felt that because homelessness is a complex issue and because of cutbacks in funding, service provider agencies have to become more adapt at navigating the system to provide better and more comprehensive services to their homeless or at risk clients. Some of the solutions they suggested were to increase outreach, to link people to services, and possibly creating a One Stop Shop that had many of the social services in one location, easily accessible to the people who need them. The group also emphasized the importance of family connections and ties for those individuals who are experiencing homelessness. Participants were quite clear that they did not want the Orange County 10-Year Plan to be a shelf plan, but one that has the support of the community and can be implemented. Service providers felt that the cost of homelessness is a complex calculation and wanted to ensure that policy makers understood that doing the cheapest thing is not always the wisest decision.

Key Points:

- Housing is a definite priority in Orange County.
- Victims of domestic violence have difficulties finding housing.
- Service providers on a daily basis focus on problem solving tasks.
- People being doubled up or are at-risk is a serious problem.
- Need to be youth prevention services (foster care release).
- Discharge planning is vital.
- Education of service providers concerning homelessness is needed.
- There is a need to establish and maintain partnerships among agencies.
- Housing First not Housing Only.
- There needs to be a focus on Preventative Solutions.
- There is no cost saving in the mental health area when concerning those who are

homeless.
    - Even if they were housed, some individuals would still need mental health services.
- Trained volunteers would be useful.

Solution ideas included:

- Provide outreach and provide linkages between homeless people and services.
- A one stop shop or super campus was suggested as a mean of making services accessible to homeless individuals.
- Assist homeless individuals in maintaining familial ties and connections because they are important in assisting homeless individuals to become self sufficient and succeed.

Monday, February 27, 2006
Congregations Focus Group
OCIM

The Congregation focus group session began with an air of optimism and possibility. Participants felt that more congregations were becoming engaged in the issue of homelessness as evidenced by pastors speaking on the subject in the pulpit, congregations adopting schools where they distributed school supplies to those who had none, and having speakers come to talk about the issue. Many of the congregations provide food, spiritual nourishment, financial assistance, referrals to social service agencies, and an opportunity for individuals to find a church home. Often, much of their assistance, both financial and spiritual, is directed to those families who are at risk of becoming homeless. The churches seek to break down some of the isolation and to ensure greater connectivity throughout the community. Orange Congregations In Mission's (OCIM) data revealed approximately 33 individuals who identified themselves as homeless. One church created a community garden on five acres of land which will have its first harvest this spring and will be used to feed those that have no food. Participants felt that in northern Orange County there is a misperception that homelessness really does not exist in the area. Many felt that there was a deep seated "poor" philosophy, meaning you are poor and homeless and without food because you are being cursed and it was agreed that in some circles there is a "blame the victim mentality". Congregations felt that they could be involved in the 10-Year Plan process by providing education and outreach to the public about the issue of homelessness and partnering with homeless individuals to assist them in finding housing, seeking employment, and obtaining life skills. Some suggested that by providing volunteer opportunities for homeless persons they could become connected with the community and could feel empowered. One of the greatest needs they saw was the lack of accessible transportation in the northern portion of the county. A lack of funds for individuals to go to family members' funerals, safe houses for victims of domestic violence, and a lack of dental care services for those without insurance were also mentioned as some of the most pressing issues for homeless individuals. Many congregations are attempting to understand the needs of homeless persons and awareness and education are crucial. Because of the rural nature of northern Orange County, some suggested a best practice example in Maryland. Elk Hart is a farm for homeless individuals where they receive counseling, recovery services, and a sense

of self-sufficiency. Many were captivated by the idea of working with the rural nature of the area to provide services for those who are homeless or families who are at-risk. Participants also spoke of the relationship between mental illness and those who may be chronically homeless and felt that congregations are ill-equipped to sustain individuals who may have mental illnesses without intervention by the government. Education and a changing of people's perception of homelessness were vital if positive change were to occur.

Key points:

- Congregations are already engaged in the issue of homelessness
- Congregations have the capacity to provide emergency assistance, housing, services, food, and spiritual guidance.
- There needs to be a greater collaboration among congregations and the government.
- There needs to be greater public outreach.
- Much of the assistance is centered on families who are at-risk.
- Trained volunteers to assist with homelessness services is important
- Volunteer opportunities for homeless are important.

Solution ideas included:

- Because of the rural nature of northern Orange County, some suggested a best practice example in Maryland. Elk Hart is a farm for homeless individuals where they receive counseling, recovery services, and a sense of self-sufficiency.
- Community gardens
- Congregations partnering with homeless individuals to assist them in finding housing, seeking employment, and obtaining life skills

Tuesday, February 28, 2006
Government Focus Group I
Hillsborough Town Barn

Government officials from the Towns of Chapel Hill, Carrboro, and Hillsborough and from Orange County were invited to attend one of two Government focus groups held in Hillsborough and Carrboro. The issue of homelessness has become a top priority for the Chapel Hill Town Council and staffing and funding has been dedicated to the project. In Hillsborough, homelessness has been seen as a hidden issue, but it has recently become a priority for the town. Orange County is confident that solutions can be developed to confront the issue of homelessness and feel that the towns have brought the issue to the forefront in their own individual municipalities. Orange County seems to be unique in that it is one of the few counties where all of the municipalities are pooling their resources to devise solutions. Participants all felt that there was a need for assistance for homeless individuals and recognized that a variety of models could be used as solutions. Many felt that public awareness on the issue was needed and that a public education campaign would be useful in negating misperceptions and focusing the public on who the homeless are and what their needs are. They felt that the public is open, willing, and interested in learning more about homelessness and what they can do to help through volunteer activities and social activism. The government representatives spoke about how they are responding to the issue of homelessness financially and through partnerships. A portion of the Chapel Hill budget is dedicated to social service agencies that provide services for the

homeless and those who are at risk. Many agreed the issue has became more challenging because budget cuts at both the state and federal levels that greatly affect what they can do for the homeless in terms of housing and mental health resources. Some of the specific service gaps that were mentioned were the lack of a shelter in northern Orange County, public transportation deficiencies, alcohol/drug rehabilitation centers, and an overall lack of affordable housing options, including Single Room Occupancy (SRO). Participants cited an example in Wake County where a Nortel Warehouse was renovated and used to create a One Stop Shop for Hurricane Katrina victims and wondered whether this approach could be duplicated in Orange County. Some also offered the idea that homelessness can be seen as an economic development issue as well because of the negative perception many people have of the homeless and how this may affect local businesses that are in areas where the homeless or panhandlers may congregate. In light of shrinking state and federal budgets for social services, participants felt that the burden is now on the local government to stretch their ability to do more with fewer funds. They felt that collaboration with non-profit organizations was essential in the development of affordable housing solutions such as SROs and other alternatives. Participants felt that this affordable housing campaign should be driven by a developer in collaboration with the County. An area near the Town Operations Center was identified as a prime spot for establishing a campus like environment that provides services and housing to homeless individuals.

Key Points:

- Homelessness is a priority in Orange County.
- There needs to be public education and outreach on homelessness.
- Orange County is unique because all of the municipalities are pooling resources in an effort to combat the issue.
- The general public is open to mobilizing around the issue.
- It is important to continue to contribute to social service programs despite budget reductions.
- It is important to analyze some of the gaps in services and programs.
- There needs to be a collaboration between government and private entities.

Solution ideas included:

- Develop a public education campaign.
- An area near the Town Operations Center was identified as a prime spot for establishing a campus like environment that provides services and housing to homeless individuals.
- Collaboration with non-profit organizations in the development of affordable housing solutions such as SROs and other alternatives.

Tuesday, February 28, 2006
Educators Focus Group
Orange County School Board

The participants of the Educators group were quite concerned about the affect of homelessness or the risk of homelessness on the student's overall well being, particularly in the academic arena. Anecdotally, participants identified approximately seven students as being homeless and possibly several more. Often times these students are uncovered in a haphazard fashion such as a teacher following up on

attendance issues or homework not being done. It is a very sensitive issue because families commonly are unwilling to come forward. The school system has in place a family specialist who is trained to deal with this issue and all efforts are made to ensure that the child is not singled out or treated differently than the other children. In many instances, children may end up living with a grandparent or relatives as the parent tries to find the family a permanent living arrangement. Many families live in a "doubled up" situation as a way of life and what concerns many educators is the lack of personal space and routines for the child. After a child is identified as homeless or at-risk they are sent to the family specialist who works with both the family and the child to find some positive solutions but most of the focus is on the child while recommendations and referrals are made to the parents. Children can utilize the kids' clothes closet and there is a budget for emergency situations for necessities that may need to be bought. Stress and a lack of personal space were seen as some of the additional negative consequences of homelessness for school age children. Often, children who are homeless experience social and emotional disconnection because of the lost of cohesiveness and connectivity with their parents who may have to be away from them because of issues often related to homelessness. Training and sensitivity on homelessness were two components that educators felt were needed by all who deal with students. Mentoring, lunch programs, and free after school programs were seen as possible solutions to confront some of the issues related to homelessness that students may face.

Key points included:

- Students living in a doubled up household or at-risk of homelessness
- The impact of homelessness on students' performances.
- Possible solutions: mentoring, food programs, extracurricular

Solution ideas included:

- Mentoring.
- Lunch programs.
- Free after school programs
- Homelessness sensitivity training for all faculty and staff.

Tuesday, February 28, 2006
Government Focus Group II
Carrboro Town Hall

In the Government focus group many participants felt that the issue of homelessness was not a top priority for the general public and that interest in the topic varied depending on the overall climate in the community. Community leaders who are on the frontline and deal with the issues of poverty and homelessness work to ensure that the community remains a caring place. Homelessness has gained interest especially in the Chapel Hill downtown area. Affordable housing, which is interrelated with homelessness, is seen as a major priority and issue within the community. Yet participants felt that the issue of homelessness and affordable housing should be kept separated because of the tendency for those who are at the very bottom of the economic ladder to be left out and get lost in the very discussions that are supposed to assist them. Taxpayers and constituents see homelessness as a negative issue and business owners in particular see it as a nuisance issue. Often, there is the wrong assumption that those who are panhandling are, in fact, homeless which may not necessarily be the case. Many felt that this misperception could be confronted if there was a face to homelessness and more public awareness of the issue. Participants were also concerned about the consequences of mental health reform and how it will contribute to an increased

number of mentally ill individuals becoming homeless. The Towns of Carrboro and Chapel Hill work to find solutions to the issue of homelessness through their Human Services budgets. Some of the gaps in service identified were the lack of medical services for those who are homeless, mental health services, and the overall lack of housing. Participants felt that Not In My Back Yard (NIMBY) attitudes were to be expected because people often fear the unknown but in previous examples the fears were unfounded and once the development was built the neighbors were okay with it. It was indicated that developments that are small in scale seem to work best. Many felt that collaboration among all of the government entities was essential to manage issues homelessness and that any solution developed must be an integration of both housing and services. When asked what government resources could be shifted to end homelessness participants felt that it was possible to use funds from CDBG and HOME but that money was already earmarked for essential and vital programs. The idea of a county bond was also mentioned but it would have to have county-wide support and it would have to be a joint venture of the towns with the county with a strong public education and awareness component.

Key Points:

- There needs to be more public outreach.
- Affordable housing is more of a priority than homelessness.
- Homelessness is often thought of as a nuisance problem.
- People in the community are willing to learn and to help confront homelessness.
- There needs to be a change in the perception of who is homeless.
- The municipalities currently contribute funding for homeless services.
- There are mental health service gaps.
- Housing First is a good model.

Solution ideas included:

- Public education campaign
- County bond for homelessness services, programs, and shelter.
- Developments that are small in scale seem to work best.
- Collaboration among all of the government entities is essential to manage homelessness issues.
- Any solution developed must be an integration of both housing and services.

Wednesday, March 1, 2006
For-Profit Housing Providers Focus Group
Chapel Hill Public Library

The For-Profit Housing Providers focus group began with an introduction to the topic and some background information to make the subject of homelessness relatable to for-profit developers, realtor and landlords. One of the first things discussed in this focus group was perception. Participants agreed that crime in Chapel Hill is sometimes masked to maintain its status but if there is crime the general public usually associates it with the downtown area. It was said that people are positive about affordable housing but affordable is considered $200,000. The group felt that the 50 percent and below Median Family Income population is served by the non-profit housing

sector. Because of this housing developers are focusing on the "workforce community" when they develop affordable housing because their needs are not met by the market or the non-profits. One person posed the question of what happens to our community and schools and quality of life when our teachers and police officers can not afford to live in the area. The group felt that the current approval process and circumstances (such as land costs) are barriers to building "workforce housing". Participants indicated that at times it can take as long as three years to get a project approved. Ensuring that the "workforce housing" blends in with the rest of the neighborhood is very important in order to make "workforce housing" work in the southern part of the county. The group suggested that in order to get more affordable and workforce housing in the community that a new create approach must be examined. For example, it was suggested that the aging rental housing or apartments be examined as a redevelopment project. Other suggestions offered during this session include enacting a panhandling ordinance, adding a "step program" and a campus facility that is not too large that has classrooms and is on the bus line.

Key points discussed:

- Participants agreed that crime in Chapel Hill is sometimes masked to maintain its status but if there is crime the general public usually associates it with the downtown area.
- The development policies are barriers to building affordability.
- The Housing First model sounds like a great idea because the shelter system does not seem to be working.
- Collaboration between government entities and private developers is essential to generate ideas.
- High cost to build housing.

Solution ideas included:

- There is a huge inventory of aging rental housing or apartments which can be converted to condos.
- Offer life skills training.
- Utilize the senior center participants as volunteers to teach life skills training.

Wednesday, March 1, 2006
Housing Advisory Board Focus Group
Town of Carrboro – Town Hall

(This focus group was unattended)

Thursday, March 2, 2006
Congregations Focus Group – II
Chapel of the Cross

This Congregations Focus Group had a familiarity with the subject because many of these congregations assist the Inter-Faith Council for Social Services in many different capacities. When asked how to engage other congregations in this mission someone suggested to simply figure out why they do not currently participate. Others thought that a list of ways for them to be involved (taking the guess work out of it) and dispelling the myths might help bring more congregations on board. The group then listed all of the many ways that they are currently involved in the homeless initiative. These activities ranged from food donations, to financial support, to volunteer activities. This discussion led to a talk about critical partnerships to be established, such as a living wage campaign with major employers and holding institutions

accountable for there discharge planning. It was thought if congregations began adopting a homeless individual or family that major training would be needed to be able to educate them on the variety of needs they may have.

So what did everyone have to say about the "Housing First" Model?

This was a question that was posed at all of the focus group sessions. Overall, people were positive and receptive to the concept and were intrigued by a new approach to the issue. Although the majority liked the idea they understood the complexity of the homelessness issue and were quite aware that it needed the proper financial, political, and community support to become a feasible solution. It was mentioned several times that this particular model would be particularly cost-effective. Housing First was seen as a natural starting point in meeting people's basic needs and to alleviate some of stress of daily survival. Participants were concerned that this model would not be a good option unless the supportive services and the financial budget to support these services were in place with a heavy concentration of case management for the homeless individuals. Those who were skeptical to the idea raised several opposing points of view such as the failure of the Public Housing Authority system, limited federal funds for homelessness, and the possible moral/ethical issues of giving someone who is not perceived as being "deserving" housing as opposed to a low-income single parent family. Focus group participants felt that there should be a variety of solutions and the Housing First model may not address the needs of all homeless individuals. It should not be a one size fits all philosophy. There was no overwhelming consensus on the type of housing that should be provided in the Housing First model. Numerous participants mentioned Single Room Occupancy (SRO) units as an ideal housing type but others thought a campus environment that included a shelter facility, wraparound services, and training would be beneficial while another signification group of people thought scattered sites would be ideal. The issue of NIMBYism was quite prevalent throughout the discussion in terms of community support and acceptance. This is why some felt that the scattered site approach would be better.

Key points:

- Ways to engage other congregations in the issue of homelessness.
- Various ways that congregations work with the homeless population.
- The biggest issues concerning homelessness and congregations are time and money.
- There needs to be a face to homelessness.
- There needs to be truly affordable housing, childcare, and employment opportunities.
- Housing First is one of many models that can be used.

Solution ideas included:

- The group felt there should be a large, endowed fund where money can be put for services and needs that must be met.
- Develop a YMCA type facility or boarding houses.
- Provide more job training and other wrap around services.
- Put a face on homelessness.
- Develop a living wage campaign.
- Job and life skills training.
- Develop volunteer opportunities.

Appendix B: AOCA Forum Recommendations

The following is a summary of the participation of a five member team of graduate students from the Department of Health Behavior and Health Education in the School of Public Health at the University of North Carolina-Chapel Hill[10].

From September 2005 to April 2006, a five-member team of graduate students from the Department of Health Behavior and Health Education in the School of Public Health at the University of North Carolina-Chapel Hill conducted an Action-Oriented Community Assessment (AOCA) in Orange County, North Carolina of persons who are homeless in the county. An AOCA examines the quality of life, community capacity, and strengths and needs of a community. The purpose of this process is to include community members and service providers in identifying the needs and challenges of the community, as well as the strengths and resources, which may influence the development of effective interventions. Two preceptors affiliated with the county's Ten-Year Plan to End Homelessness, Billie Guthrie, Housing Coordinator at OPC Area Program, and Stan Holt, Homeless Coordinator at Triangle United Way, guided and mentored the students throughout the entirety of the project. The students volunteered, attended committee meetings, reviewed secondary data, and conducted in-depth interviews with 32 community members, 16 of which have experienced or are experiencing homelessness. Additionally, the student team collaborated with J-Quad & Associates LLC, a consulting firm that had been hired to assist the community in composing the Ten-Year Plan. They transcribed and analyzed 12 focus groups conducted by J-Quad as well as the 32 interviews. This information was used to identify the community's most common reoccurring themes. The students presented its findings at a community forum held on April 27, 2006, at A.L. Stanback Middle School in Hillsborough, North Carolina. For the forum, the student team worked to bring together homeless/formerly homeless community members, service providers, and other residents to address how the community can work together to address homelessness in the most valuable way. The immediate action steps and long-term recommendations for the Ten-Year Plan to End Homelessness that were generated at the forum are listed below:

Lack of affordable housing, combined with non-livable wages, creates a barrier to ending the cycle of homelessness.

Action Steps

1. Develop an incentive program for those in the private sector which will encourage them to create more affordable housing units. In exchange for funding a percentage of affordable units or giving money to an authority for affordable housing, businesses will be allowed to build more expensive housing.
2. Generate a list of key business people and policy makers (aldermen, town council, John Edwards/Poverty Center) who should be invited to the meeting.
3. Invite those individuals to a meeting to propose the incentive program. If adequate interest in the program is expressed at the meeting, contact the media to publicize the plan.
4. If adequate interest in the program is expressed at the meeting, contact the media to publicize the plan.

10. Orange County Homeless Community Orange County, North Carolina. An Action-Oriented Community Diagnosis Findings and Next Steps May 9, 2006. Dept. of Health Behavior and Health Education School of Public Health, University of North Carolina

Recommendations

1. Increase the minimum wage.
2. Change zoning requirements to allow for more affordable housing units.
3. Form an authority to manage affordable housing units in the private sector.
4. Create more flexible eligibility criteria for affordable housing units and rental subsidies.
5. Secure more funding for cooperative housing models like Weaver Community Housing which generate their own income.
6. Revisit the definition of "affordable housing" in ordinances to consider those that live below 80 percent of the area median income.

Inadequate access to essential resources creates a barrier for homeless persons to secure jobs.

Action Steps

1. Generate a list of telecommunications providers (Verizon, Cingular, etc) in the area.
2. Research potential options (used cell phones, prepaid cell phones, and donation of minutes.
3. Approach these businesses and ask for donations. Also discuss what they are willing to contribute to the effort and what they may gain in return (good publicity, etc).

People who are homeless do not have relevant skills training and employer support to become employed, remain employed, and plan for the future.

Action Steps

1. Seek out funding for educational expenses.
2. Work with Community Resource Court to clear criminal records.
3. Provide home business training resources.
4. Explore if it is possible to set aside a certain number of jobs for the homeless and look into developing an interdepartmental study of homelessness at UNC.

Recommendations

1. Develop resource manual of community services available (including self-employment training).
2. More computers with internet access at the shelters.
3. Job program for homeless that sets aside jobs for the homeless.

Inadequate transportation services create a barrier to sustaining employment and accessing services.

Action Steps

1. Identify resources and create community resource guide for transportation in Orange County.
2. Help to obtain transportation through auctions held by the police departments in the state.

Recommendations

1. Subsidize shuttle vans for the shelters.
2. Access state cars through auctions to be assigned to the shelters.
3. Provide additional funding to shelters to allow money to be set aside for transportation.

Stereotypes of homelessness create tension between homeless persons and the surrounding community.

Action Steps

1. Create action group that works to increase community awareness of the individual faces/stories of homelessness. The group will decide on the format of the message, and collaborate with various community groups (media, civic, church, university, restaurants) to help educate the community and encourage participation.
2. Each group member commit to volunteering and/or 1:1 time with people experiencing homelessness.

Recommendations

1. Educate the public on the individuality of homelessness.

Community partnerships need to be strengthened to ensure successful service provision.

Recommendations

1. Compile a master list of providers and services provided specifically for homelessness issues.
2. Make the Orange Book more accessible and user friendly (change from pdf format to something more searchable).
   Recommend creation of a “hub”, or one place to go for resources.

Services are available, but only to those who are regularly using or know how to navigate the service delivery system. Therefore, many who are homeless “slip through the cracks.”

Action Steps

1. Create a bilingual pocket-sized resource guide for homeless persons, with a version with pictorial representations to accommodate those with lower literacy.

1 Recommendations

1. Increase outreach workers who can establish informative relationships with persons who are not connected to services. Use case managers or train those formerly homeless, students, and community volunteers to do the outreach.

Homeless individual's unique ways of achieving success are often limited by standardized eligibility requirements and delivery structures.

Recommendations

1. Create an advocacy program, incorporating volunteers, to support community members as they seek services.
2. Increased innovative/flexible funding, potentially through community fundraising, to provide specialized services not included in grants or federal funding.
3. Increase communication among service providers to increase knowledge of existing services, decrease work-related frustration, and facilitate supportive relationships.

The lack of collaboration in discharge planning and a lack of appropriate facilities burdens service providers and limits success for the homeless population.

Action Steps

1. Have service providers who are using the housing first model or a model similar to the housing first model, document their outcomes both successes and failure and report back to other service providers possibly at a Community Initiative meeting.
2. Have service providers to document inappropriate discharges and send their concerns to their legislatures.

Recommendations

1. Have training for service providers about the housing first model.
2. Make more efforts to support Club Nova because it is a successful housing first model and it is facing hard times.
3. Discharge people into more stable and rehabilitative environments that shelters cannot always provide; however, there is a lack of these places.
4. Create more affordable and transitional housing for people to be discharged to.
5. The county needs to focus their resources on high risk individuals who consistently utilize institutions to help them become more stable and prevent them from returning to these institutions.

More prevention strategies are needed that target families and individuals at risk of becoming homeless.

Action Steps

1. Speak to key players about raising the living wage.
2. Have the new Boys and Girls Club work with children in foster care to give them a positive environment to interact in and provide mentors.

Recommendations

1. Adjust the city and county's living wage to be more livable.

2. Identify high risk individuals and get them comprehensive/wrap around services. Possibly create teams of church members and service providers to work together to help out individuals so that no one person or organization is not stretched too thin allowing them to pool their resources.
3. Create transitional housing for people who are being discharged from certain institutions who need more structure before trying to live on their own.
4. Ensure foster children stay connected to services as they “age out.”
5. Strengthen emergency services needed to help people out with rent, utilities, car, etc.
6. Offer financial classes or counseling to people about how to budget their money.

The following outline was developed by the Housing Subcommittee to address the development of housing units to support permanent supportive housing programs, to provide units for the Housing First model, and to generate additional affordable and special needs housing units for lower income households in Orange County. Outline element 1)b)iii) provides a brief list of potential funding sources as identified by Housing Subcommittee members.

1. 40 units will be built to provide permanent supportive housing for the chronic homeless in Orange County.
   a. 20 units will be built through financing associated with the Shelter + Care Supportive Housing Program through the US Department of Housing and Urban Development.
      i. 2 units will be built each year for 10 years.
   b. 20 units will be built within the first 5 years of the project.
      i. Assumptions:
         (1) Development money is easier to secure from a variety of sources compared to the money to secure for ongoing services and supports.
         (2) Operational support for the housing ie. upkeep, utilities, etc., is more difficult to secure and can vary from $250/month to $475/month depending on debt service -
            (a) $250/month is what it costs when loans are forgivable.
            (b) $375/month includes repayment of principle only.
            (c) $475/month includes debt service with both interest and principle.
         (3) Supportive services must be in place for clients to be successful.
         (4) Building units costs $100,000/unit.
            (a) Unit cost can decrease if built as duplexes, triplexes or quadraplexes.
      ii. Work with OPC Mental Health to create a pilot project of 5 units of Housing First in the first 3 years.

Housing First is a results-based model that has been documented in programs throughout the country as highly effective in stabilizing chronically homeless persons with mental illness in a cost-effective manner resulting in the end of homelessness for those individuals. The model links permanent housing and client-centered support services. It functions as a therapeutic intervention strategy by moving persons with mental illness and other disabilities off the streets and placing them directly into permanent housing. The Housing First strategy makes minimal use of shelters and hotels, using them only as a placement between the time that an individual expresses a desire to move off of the streets and the time it takes for the program to prepare an apartment. The housing is linked with comprehensive services provided through an Assertive Community Treatment Team (ACTT). Services include case management, counseling, therapy, medication, health care access, job readiness and training, life-skill development, and linkage to peer support. Much like moving people from welfare to Work First, moving indi-

viduals from homelessness to Housing First provides stability with support services that allows individuals to be more successful.

However, participation in a treatment plan is not a requirement for remaining in housing as housing itself is deemed a critical element of a successful treatment plan. Tenants must comply with landlord/tenant law, and may be evicted for the same reasons as other tenants. The ACTT Team, through weekly and sometimes daily engagement, works to encourage the tenant to participate in the supportive services, and thus avoid a reoccurrence of homelessness. Results-based documentation has shown that when compared to more conventional Continuum of Care model programs that require treatment compliance as a condition of housing, chronically homeless participants in a Housing First model, are more likely to remain in permanent housing, have comparable levels of sustained participation in sobriety and mental health recovery programs, and have fewer incidents of hospitalization and incarceration.

Housing First/Housing Plus is a model promoted by the President's Interagency Council for Coordinating Homeless Programs (ICCHP), as well the North Carolina ICCHP. With the increasing emphasis on permanent housing for chronically homeless persons coming from the U.S. Department of Housing and Urban Development, coupled with the documented presence of chronically homeless in Orange County, the need is compelling for Orange County to develop additional strategies for this subset of the homeless population. Housing First is an important element in a comprehensive, results-based strategy to end homelessness.

iii. Sources of capital funds.
   (1) NCHFA supportive housing development program.
   (2) Chapel Hill Housing Trust Fund.
   (3) County-wide Housing Bond.
   (4) Reprioritize HOME money in the next Consolidated Plan (starting in 2008) to focus on provide housing vouchers for operational support for supportive housing units.
   (5) Look at reallocating some Section 8 vouchers to project based section 8.
   (6) Federal Home Loan Bank affordable housing program.
   (7) State/Federal low income housing tax credits.
   (8) Unsubsidized bank loans (when full-rent vouchers like Section 8 or Shelter Plus Care are available).
   (9) Private donations.
   (10) Community Development Block Grant.

2) Develop units for 44 families (Continuum Shortage Estimate vs. 27 homeless families).

3) Develop 60 units of special needs housing (54 SMI; 11 HIV/AIDS from PIT count).

4) Support advocacy to expand public funding of affordable rental housing programs.
   a. Support the creation of a new Federal Affordable Housing Fund.
   b. Support increased funding for the NC Housing Trust Fund (up to $50 Million/Year).
   c. Support a City/Housing Bond Package.

Denver, Colorado

Summary

The Colorado Coalition for the Homeless (CCH) created 100 units for chronically homeless individuals through the Denver Housing First Collaborative (DHFC) in 2003 with funding provided by a collaboration of federal agencies. The DHFC involved CCH as the lead agency, the Denver Department of Human Services (DDHS), Denver Health (DHHA), Arapahoe House, the Mental Health Center of Denver (MHCD), and the Denver VA Medical Center. The housing first approach has been incorporated as a priority strategy into Denver's Road Home – Denver's Ten Year Plan to End Homelessness. Funding was provided for a second housing first team at CCH (16th Street Housing First Program) to serve 50 additional chronically homeless individuals.

Results

A cost-benefit study published by the Denver Housing First Coalition in December, 2006 examined health and emergency service records of a sample of participants of the DHFC for the 24 month period prior to entering the program and the 24 month period after entering the program. The total sample size for the study was 19 individuals, based on their enrollment time in the program (24 months of enrollment) and a willingness to release their medical information. For the sample, the total emergency related costs for the sample group declined by 72.95 percent, or nearly $600,000, in the 24 months of participation in the DHFC program compared with the 24 months prior to entry in the program. The total emergency cost savings averaged $31,545 per participant. Specific results included reductions in detox visits by 82 percent, reduced incarceration days and costs of about 76 percent, and an overall reduction of inpatient medical costs of 66 percent. The study found the only cost increase was in outpatient care, as "participants were directed to more appropriate and cost effective services…"

New York, New York

Summary

In 2003, Project Renewal was awarded a $2.8 million federal grant to create an innovative new program for chronically homeless people. The In Homes Now housing first program provides New Yorkers living on the street or who have spent more than two of the past four years in city shelters, with their own apartments and provides comprehensive health, support, addiction and employment services to clients where the live. The program is aimed at helping the city's hard-to-house homeless subpopulation. In Homes Now is part of the Collaborative Initiative to End Chronic Homelessness, a joint endeavor funded by the Department of Health and Human Services, the Department of Housing and Urban Development and the Veterans Administration. As of June 21, 2004, the program created 40 apartment units now occupied by hard-to-reach clients who receive comprehensive supportive services.

Results

In 2003 In Homes Now began with 40 individuals and placed them directly into their own apartments. A team capable of offering drug treatment, healthcare, employment, entitlements, and assistance with every-day issues made regularly visits to

participants in their homes with the aim of helping them stay housed, and, secondarily, helping them decrease their use of substances.

The program was funded through a one-time collaboration called the Collaborative Homelessness Initiative (CHI), among the Departments of Housing and Urban Development, which paid for housing; Substance Abuse and Mental Health Services Administration (SAMHSA) which paid for the multi-disciplinary treatment team; Health Resources and Services Administration (HRSA) which paid for healthcare and office space; and Veterans Affairs, which paid for a federal evaluation. HUD and the VA have elected to continue working with – and funding – the eleven CHI grantees; SAMHSA and HRSA are not renewing their funding in 2007.

The program maintains 40 housing units and has served 64 individuals since its inception in 2003. Outcome data as of 12/31/06 for In Homes Now clients include:

- 49 individuals (77%) continue to reside in permanent housing or have entered long term treatment.
- 15 persons (23%) left the program: 3 were deceased; 4 incarcerated; 4 were dismissed from program for drug activity; 3 abandoned their apartment; and 1 returned to the street.
- Total client income (including employment) rose from a mean of $219 per month to $610 per month.
- 54% pf clients engaged in substance abuse treatment.

The cost of shelter per year through In Homes Now was $21,155. The cost of the average NYC shelter is $23,000.

Philadelphia, Pennsylvania (Safe Home Program)

Summary

The Philadelphia Committee to end Homelessness (PCEH) is a privately funded non-profit organization that operates a day center and a housing first program. The Safe Home Philadelphia housing first program has been in operation for three years and focuses on housing families. As in most Housing First programs, a housing specialist works with landlords to locate housing, assist in resolving tenant issues, and act as a guarantor for clients. Partner advocates connect clients to supportive services and actively work with clients for one year. The Safe Home Philadelphia currently works with about 35 landlords and has 42 families placed in housing. Anecdotal evidence suggests that emergency room visits, particularly for childhood illnesses, and other emergency service needs have been greatly reduced.

Costs

Initial Safe Home program estimates were based on a cost of $4,600 per family placed with a goal of housing 200 families per year. The total initial cost to launch

SafeHome Philadelphia was $920,000. Currently the program operates with expenditures of approximately $4,000 to $4,200 per family placed and has about 42 current households in apartments.

Results

Director Phyllis Ryan compares the cost of family placement in housing through *SafeHome Philadelphia* to one year of shelter care – a cost of approximately $24,000 to the City.

Hennepin County, Minnesota

Summary

The Rapid Exit Program is an innovative program that facilitates rapid rehousing by relying on early identification and resolution of a family's or individual's "housing barriers" and providing the assistance necessary to facilitate their return to permanent housing. Within one week of entering a county shelter, a private, non-profit agency Rapid Exit Coordinator performs a housing barrier assessment. Depending on the needs assessment, clients are referred to an agency with which Hennepin County has contracted to provide individualized assistance to locate and secure housing or provide transitional housing.

Results

According to the National Alliance to End Homelessness, the latest biennium report show that 2,463 families (8,976 members) were screened and referred by Rapid Exit Coordinator and 1,714 families (6,933 members) were served in the Rapid Exit Program. The NAEH states that even though 34% of families served by the Rapid Exit Program had been homeless before, only 9% returned to a shelter after receiving services funded by the Family Homeless Prevention and Assistance Program (FHPAP) in the following year and 85% did not return within two years. For those families that did return, their average stay in homelessness declined by more than half, from 29.5 days to 10 days.

Portland, Oregon

Summary

Home Again: a 10-year Plan to End Homelessness in Portland and Multnomah County was released in December 2004. This plan included a directive to implement housing first as a strategy to end homelessness. Several programs and initiatives were immediately implemented which work in concert to meet this goal. These included the Housing Rapid Response team, the JOIN housing first program, Shelter Wait List Case Managers, and the “A Key Not a Card” program.

The Housing Rapid Response program works to house chronically homeless persons who have repeat contact with Portland police or jail system. Participants are referred to Central City Concern for housing and treatment via ACCESS, a project within the City of Portland’s Office of Neighborhood Involvement. Almost all participants have active chemical addictions or untreated mental illnesses.

JOIN is a nonprofit agency that uses a “housing first” approach. A rapid re-

housing team of seven outreach workers engage people who are sleeping outside to move them into permanent housing directly from the street.

In July 2004, the largest shelter provider in Portland, Transition Projects Inc., hired a case manager to work with clients on the wait list. In 2005, that case manager, and another hired in July 2005, worked to place persons directly into permanent housing.

Since October 2005, the 'A Key Not a Card' program outreach workers from four programs have offered chronically homeless family and adult households more than just their business card. Outreach workers now help the chronically homeless move into housing.

Costs

The City of Portland dedicated $1 million dollars for the Key Not a Card initiative; $1 million to support "Bridges to Housing," a regional effort to create permanent supportive housing for homeless families throughout the Portland-Vancouver region; and created a $9 million bond for permanent supportive housing to support plan goals.

Results

First year outcomes have exceeded the original goals of the 10-year plan. In 2005, 660 chronically homeless individuals were housed (the goal: 175) and 407 homeless families with children were housed, of which 208 were high resource users (the goal: 250 families, including 50 high-resource users.). Specific results include:

- Housing Rapid Response began in October 2005 and in the first three months 26 people moved into housing, of which 62% remained housed, 35% voluntarily entered substance abuse treatment, and 62% experienced a reduction in arrests.
- JOIN helped 373 people in 233 households move into permanent housing directly from the street.
- Case Managers moved 65 people (half of whom were chronically homeless) directly into permanent housing.
- In the first three months, case-workers with the 'A Key Not a Card' program helped 58 previously chronically homeless households move into housing and retain that housing.