ANNUAL REPORT

NC Interagency Council for Coordinating Homeless Programs

(ICCHP)

April 2012

ICCHP Report – April 2012

A Status Report on Homelessness in North Carolina:
Where We Are and Where We're Going

The Interagency Council for Coordinating Homeless Programs (ICCHP or Council) is an advisory group originally created by executive order in 1992 to advise the Governor and the Secretary of the North Carolina Department of Health and Human Services on issues affecting persons who are homeless or at risk of becoming homeless. The Council is currently housed within the Division of Aging and Adult Services, and is charged with providing recommendations for joint and cooperative efforts to better meet the needs of residents experiencing homelessness in North Carolina.

The best wisdom about how the state and local communities should invest their resources into programs for homeless people has shifted significantly since the ICCHP was created. The state faces significant hurdles in implementing the recently identified evidence-based best practices. The ICCHP recognizes its role in assisting communities to embrace and implement interventions that have been documented for their success in preventing or quickly ending a household's homeless experience.

BACKGROUND

The State of North Carolina does not use state funds to support homeless programs. Therefore, homeless services have been significantly shaped by federal homeless policy. Communities have developed programs to fall within funding parameters of federal programs which serve as the largest single, continuous source of funding for homeless programs in most regions of the state.

Federal funding for homeless programs began in 1987, with passage of the McKinney-Vento Homelessness Assistance Act. By 1994, the U.S. Department of Housing and Urban Development (HUD) had instituted the Continuum of Care, a local process HUD encouraged as a tool to coordinate homeless programs, including those that did not receive any federal funds. Through this process HUD encouraged communities to establish a continuum of homeless services designed to develop multi-step, linear or stair-step programs that through outreach moved households to shelter, followed by transitional housing. Then household were expected to find, move into and remain in permanent housing without support from the homeless system. The homeless continuum created a service enriched environment for households while the households are being served by the homeless programs. However, the supportive services did not follow the households as they transitioned into permanent housing.

CURRENT HOMELESS SERVICE STRUCTURE

Continuums of Care

Homeless services in North Carolina are coordinated by 12 Continuums of Care (CoCs). These CoC's were developed in response to 1994 HUD regulations as a mechanism to create a single portal for multiple federal homeless funding applications. In addition to submitting applications, the CoC also plays a significant role in coordinating services to homeless people within its geographic region.

While street outreach programs, shelters and transitional housing programs are clearly desirable members of a regional CoC, HUD also encouraged communities to seek involvement from other stakeholders of the homeless population, including but not limited to persons who have experienced homelessness, the criminal justice system, health and behavioral health care systems, local businesses and local governments.

Although each of these sectors are encouraged to participate in a region's CoC, participation is voluntary, and there exist several stakeholders, including homeless emergency shelters, that choose not to be actively involved in their CoC.

Balance of State Continuum of Care

In 2003 the ICCHP began to review how well North Carolina communities were accessing available federal funds. That analysis quickly identified that the state's rural communities were not competing effectively in the national process. In disussions with those communities it was also apparent that the poor performance in the competition was due to a lack of administrative capacity to complete the grant application, and not based on a lack of need for services.

In 2005 the ICCHP invited rural counties to join together in a Balance of State Continuum (BoS CoC). Since that time the ICCHP has facilitated the BoS CoC grant process, coordinating applications and providing technical assistance to current and potential grantees. The amount of federal funds leveraged by the ICCHP investment in the BoS CoC has been significant.

Federal Funding Year	CoC Funds Awarded to BoS
2006	$4,164,609
2007	$5,718,802
2008	$1,411,900
2009	$6,793,620
2010	$7,002,605
2011	$7,607,146
TOTAL TO DATE	$32,698,682

Point-in-Time Count

During the last week of January HUD requires communities to conduct a 24-hour Point-In-Time (PIT) homeless count. The ICCHP has set the statewide PIT as the last Wednesday of January. The intent of the count is to identify every person who is in a homeless facility or staying outdoors or in other places not intended for human habitation.

The NC Coalition to End Homelessness has tracked point in time data for each CoC from 2007-2012. These results can be found at www.ncceh.org/PITdata .

HMIS and Data Analysis

In the late 1990s HUD began encouraging, and then later requiring communities that received HUD homeless funds to enter client level data into a Homeless Management Information System (HMIS). Only domestic violence facilities were exempt from this requirement. Facilities that do not receive HUD funds are strongly encouraged to participate in the system to facilitate accurate community-wide data, but at this time there is no mechanism for requiring all homeless programs to participate.

HMIS is designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.

With implementation of HMIS, communities have two opportunities to capture client level data that can be aggregated for system and individual program outcomes; both the annual point-in-time counts and the unduplicated number of persons served by agencies participating in the HMIS system. HMIS data is much more detailed and gives a bigger picture of homelessness than Point-in-Time count data. This data can be, and has been, used for analysis at local, state and national levels. Having access to both data sets has given communities a stronger tool for self-analysis and exploration of new program models. This data is used to understand how homeless households access services, gain a greater understanding of program use and allows for in-depth reporting and comparison of program outcomes.

In North Carolina, 99 counties participate on a single HMIS system, the Carolina Homeless Information Network (CHIN). Within CHIN, data can be aggregated by jurisdiction, by CoC, or by entire regions. Furthermore, services can be tracked as a household moves from one city or town to another. Mecklenburg County has created a separate HMIS system, and at this time unduplicated data from the Mecklenburg system cannot be shared with the statewide CHIN database.

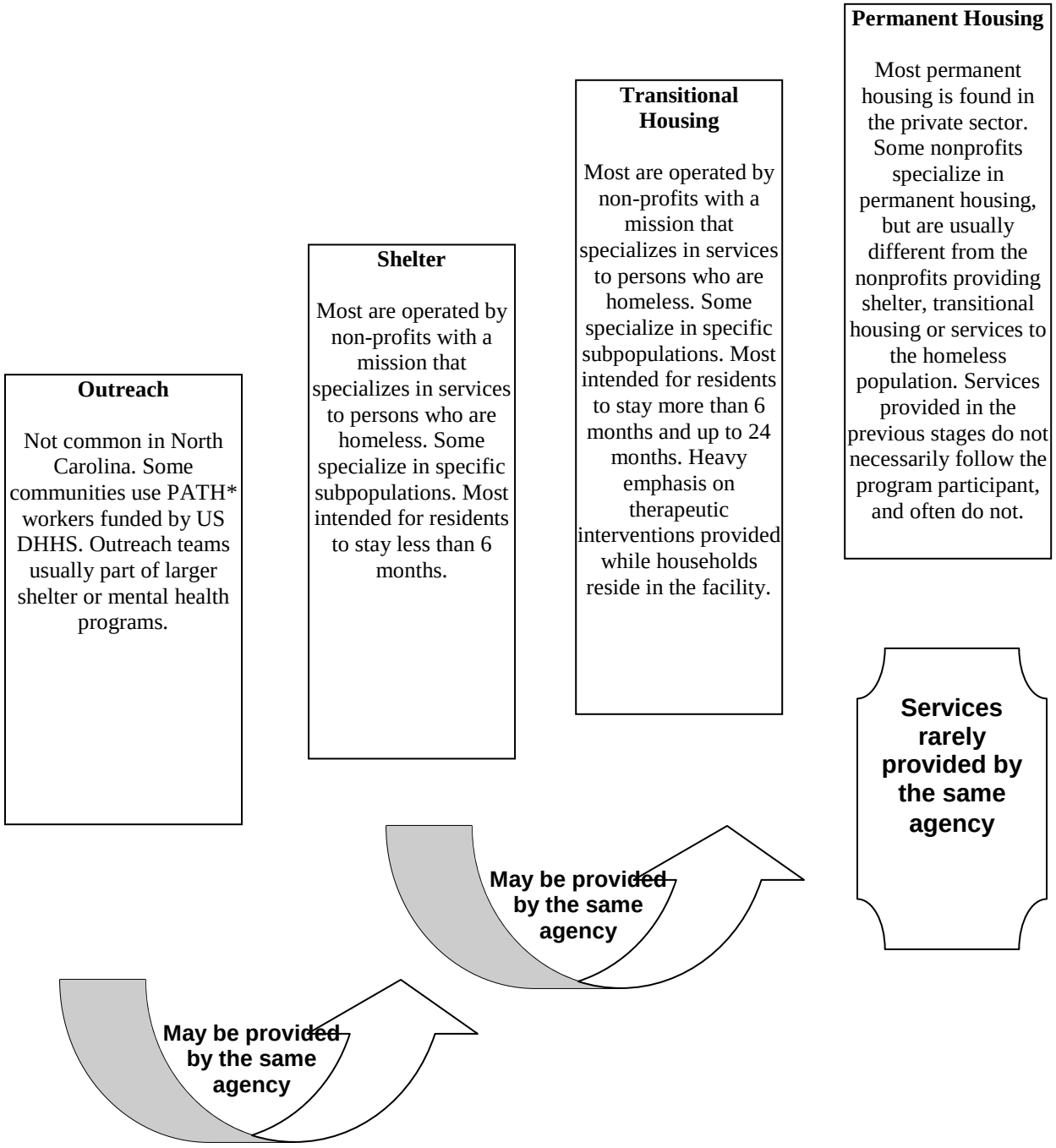
ICCHP Goal: The state has access to aggregated reports on the number of homeless persons as well as organizational and community outcomes.

Recommendation: Mecklenburg should join the CHIN HMIS system, facilitating a true statewide database, or implement a process for accurate, real-time data interface into CHIN.

Service System

Since implementation of the Continuum of Care in 1994, communities have invested significant resources in creating the recommended homeless continuum of services. Although there are differences from one jurisdiction to another, the typical homeless service system in North Carolina is shown in the following diagram.

Design of Predominant Current System



* PATH workers are funded by federal DHHS funds adminstered at the state level. The PATH program was created to assist homeless mentally ill people to access services and permanent housing.

THE HEARTH ACT – Codifying a New System

In the early 2000's, HUD began requiring that agencies receiving homeless funding enter client level data into a Homeless Management Information System, as discussed above. Using national data from those systems, as well as other independent research, HUD and Congress shaped new programs and new guidance for communities. In 2009, Congress passed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, legislation that reauthorized the HUD portion of the 1987 McKinney-Vento Act.

The data and research documented that efforts emphasizing permanent housing with appropriate services, rather than services in a transitional setting, resulted in more successful permanent housing placements and low recidivism rates. Furthermore, it has been proven cost-effective; an average successful placement was accomplished at a substantially lower cost than successful permanent housing placements in the previously designed continuum of homeless services.

These new programs, with a goal of quickly ending homelessness by placing the household in permanent housing by providing short-term rental assistance, financial assistance for other housing costs and housing stabilization case management, have been named Rapid Re-Housing Programs.

WHAT IS RAPID RE-HOUSING

Rapid Re-Housing is an intervention that places households in a reasonable and appropriate permanent housing setting and provides individualized case management and financial support services. The services have scope and time limitations, focusing on establishing and maintaining housing stability. While current targeted funds for Rapid Re-Housing programs limit services to two years, most households are stabilized, including being responsible for rent and utilities, in a much shorter period of time.

Rapid Re-Housing: A Success Story

A family of three in Wilson County became homeless after losing their housing during a stay at the Ronald McDonald house while the daughter spent 2 months recovering from severe burns. At the time neither parent was employed and the household had no income.

With assistance from the Wilson County housing stabilization team, the family assisted with utility and security deposits, linked the family with mental health services, donated furnishings, a donated car and employment services. In addition the family was coached on how to strengthen social supports and engaged in financial counseling.

A year later the family had moved into a new unit at their own expense. The family's social supports had strengthened, and they had a roommate to help with household bills. The mother had applied or Supplemental Security Income (SSI), the daughter was receiving SSI, and the father had a full time job.

MOVING NC TO BETTER HOMELESS OUTCOMES WITH LIMITED RESOURCES

Local and Federal Plans

Several communities across the state began to retool their crisis services system in 2003 by creating ***10 Year Plans to End (Chronic) Homelessness***. These local, jurisdictionally endorsed plans evolved out of partnerships, primarily between CoCs, local governments, the business sector and publicly funded systems. These plans, which emphasized permanent supportive housing for homeless persons with disabilities, have resulted in greater than 50% reductions in the street-homeless population for some of the active 10 Year Plan communities.

In 2010, the U.S. Interagency Council on Homelessness was charged to create a national plan for ending homelessness. That plan, Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, can be found at http://www.usich.gov/opening_doors/ . The recommendations of this ICCHP report build on the strategies identified in this federal plan, as well as in the local plans.

If the state is going to be successful in assisting communities in the transition to a new service paradigm the following must exist:

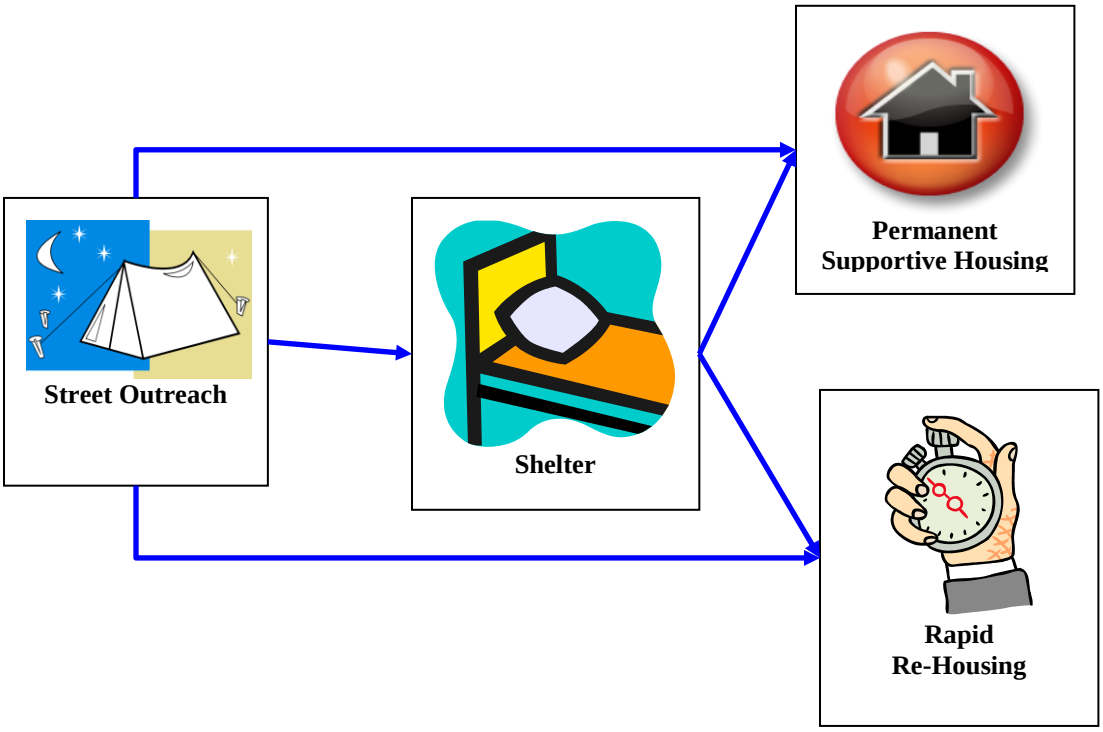
- agencies currently involved in providing services to homeless persons have multiple opportunities to learn about evidence-based best practices to improve performance and program design
- communities analyze use of resources and quantify the beneficial outcomes of those resources
- communities develop plans for shifting resources from less effective activities to evidence-based best practices that will result in improved outcomes
- the State limits use of homeless resources it administers to evidence-based best practices and to supporting communities making the shift to implementing those practices

ICCHP Trainings

Beginning in the mid 1990's, the ICCHP identified the critical role of statewide training for homeless services. For 10 years the ICCHP hosted an annual conference, which was attended by as many as 500 people representing nonprofits, local governments, foundations and state government.

After 10 years of a statewide conference, the ICCHP shifted its technical assistance and training into more targeted efforts, specifically focused on education about evidence-based best practices and technical assistance on strategies for accessing additional federal funds.

With the substantive changes in expectations for the use of homeless assistance funds, the ICCHP's role in facilitating and sponsoring strategic educational opportunities, at the state and regional level, is more important than ever.



A successful community will have linkages between street outreach programs and emergency shelters, or between street outreach and permanent housing. Shelters should be partnering with permanent housing programs to move households into stable, permanent housing as quickly as possible. Permanent housing options should include permanent supportive housing as well as Rapid Re-Housing programs.

This new system differs from its predecessor in several ways.

Feature	Predominant Existing System	New System
Street Outreach	Street outreach teams focus on identifying homeless people, places where they stay, and assisting them with life-saving interventions including clothing, food, blankets and tents	Street outreach teams emphasize engagement and encouraging people staying outside to participate in available rapid re-housing or permanent supportive housing programs

Shelter	May be short or long term, a safe place to prepare household to move into housing	Short term, acts as a safe place while permanent housing options are identified and prepared for the household
Permanent Supportive Housing for persons with long-term disabling conditions	Primarily site based* and linked to limited federal funds specifically for housing persons with disabilities	Site based* or scattered site. Greater access of tenant-based rental vouchers where household has a lease with property manager. Emphasis on linkage to services. New focus shifting participants to less costly subsidies when stabilized and ready.
Rapid Re-Housing	Not done	Assists households to stabilize in permanent housing as soon as housing can be identified. Provide transitional support services and financial assistance, including short-term rental assistance, until household becomes self-sufficient.

*multiple units in one building

HOUSING STABILIZATION ACTIVITIES

Housing stabilization services are key to successful Rapid Re-Housing programs. Housing stabilization services have two primary components: financial assistance and housing stability case management. Financial assistance is available for rent and utilities, and may be used to pay arrears if they prevent access to housing. The amount of rent and/or utilities paid by the Rapid Re-Housing program, versus the household, depends on the capacity of the household and other housing barriers that may be addressed.

Housing stabilization case management focuses exclusively on helping households to overcome barriers to getting into and then maintaining housing. Barriers might include circumstances, behaviors, finances, history, support systems, and/or rental experiences. The approaches for working with each household to address its unique barriers should be individualized and tailored to the household's strengths and all resources available within the community, including mainstream programs (not targeted specifically for homeless persons).

Housing stabilization services are effective with many people who do not meet HUD's definition of homelessness. For example, many persons being released from publicly funded institutions would benefit significantly from housing stabilization services.

PERMANENT SUPPORTIVE HOUSING (PSH)

Permanent supportive housing (PSH) is the evidence-based best practice identified for ending homelessness among homeless persons with chronic disabling conditions. PSH has two critical components: permanent housing and wrap-around, individualized services. It is also important that the two components operate independently of each other. The services are usually not provided by the same entity providing the housing, and housing should not be dependent on participation in services. Instead, residents should have leases and only be evicted because of lease violations. The supportive services, however, should emphasize any assistance necessary to help keep a tenant from violating his or her lease. Many times these services include not only disability specific services, but also tenancy supports, which are similar to housing stabilization services but may last indefinitely.

Throughout the nation, and here in North Carolina, communities have been able to document that public dollars saved in the criminal justice and health care systems offset the cost of PSH, making it a cost-neutral, and sometimes cost-saving effort, for homeless people with disabilities.

PSH is also an identified best practice for persons with disabilities being discharged from publicly funded systems, including health, behavioral health, and criminal justice systems.

SPECIAL POPULATIONS

<u>Youth</u>

Unfortunately the homeless population includes youth and young adults who are not part of a family unit. These unaccompanied youth create some unique challenges for the new homeless system that focuses on rapid placement in permanent housing.

The primary challenge comes from youth's inability to enter into a contract until reaching the age of 18, or in some cases, 21. Thus, communities may have to explore master-lease options creating sub-letting opportunities that do not meet the full requirements of a legal contract or lease. These master-leasing options should allow the youth to take over the lease once legally able to do so.

On the positive side, the intense peer relationships that many youth create during their homeless experience lead to the potential for house-mate arrangements that can further reduce the per-person cost of rapid re-housing interventions.

ICCHP Goal: To assist communities to implement strategies that help homeless and at-risk persons to overcome barriers to accessing permanent housing.

Recommendation: The state should explore protocols for a master-lease plan, allowing agencies that provide housing stabilization services to youth to enter into master-leases with landlords. The state should explore what policies and procedures would encourage participation by the greatest number of landlords.

Other possible options to encourage access to units could include indemnification for landlords and service providers or larger rent payments based on risk.

Veterans

Efforts to end homelessness among veterans are successful when housing resources are linked to activities of the Veterans Administration. At the same time, homeless veterans are disproportionately represented by veterans who have Other-Than-Honorable or Less-Than-Honorable discharges, and are thus limited for which veteran benefits they are eligible.

The VA and HUD have had a significant recent partnership in the creation of the HUD-Veterans Affairs Supportive Housing (VASH) housing voucher program, which provides permanent housing vouchers for disabled homeless veterans through a partnership between local housing authorities and VA Medical Centers. This partnership models the type of linkage between permanent housing and supportive services that results in long term housing stability.

Some North Carolina communities have been challenged by the complexities of implementing a partnership between the two systems involved in the HUD-VASH voucher program - local public housing authorities (PHAs) and large, regional VA Medical Centers (VAMC). These complexities have resulted in some vouchers not being used in a timely manner.

ICCHP Goal: Ensure that local public housing authorities apply for all possible HUD-VASH housing vouchers, and that all vouchers are used as quickly as possible.

Recommendation: The ICCHP should facilitate discussions between PHAs and VAMCs about how access to HUD-VASH vouchers can be improved.

Although the HUD-VASH housing voucher program is a model program, the VA has a longer history of funding programs that are statutorily and contractually limited to providing transitional housing for homeless veterans. For example, the VA Grants and Per-Diem Program pays agencies for the number of transitional beds made available to veterans. With a requirement for transitional housing this federally funded program had prevented its participants from engaging in evidence-based best practices. In the latest

iteration, however, the program does give communities the option of using the funds for a "transition-in-place" program. Transition-in-place is very similar to rapid re-housing. The veteran would move into the transitional home and upon completing the transitonal program the veteran would be allowed to assume a lease to the unit and remain as a permanent tenant. Like rapid re-housing, transition-in-place does not disrupt many of the benefits received during the period of transitional services, such as local social support systems and logistical achievements related to employment, transportation, schools, and support services. The state encourages communities that apply for the Grants and Per-Diem program to limit their applications to transition-in-place model only.

ICCHP Goal: Encourage communities to develop and implement homeless programs that are evidence-based best practices

Recommendation: The state will advocate that the federal program be changed and will encourage communities to apply for the VA Grants and Per-Diem program so they may implement the transition-in-place model.

Victims of Domestic Violence

Persons who are forced to flee domestic violence situations and enter shelters for their personal safety require an intentional modification to the shelter - rapid re-housing program paradigm. Specifically, an individual who is not safe leaving a safe-house should not be encouraged to do so. Instead, domestic violence shelters should assist families that are deemed safe to move into permanent housing with the assistance of a rapid re-housing program. Others should continue to receive services at the safe-house until a move is appropriate. In many cases with an ongoing threat to safety, families should be assisted to move into permanent housing in different community, jurisdiction, or possibly in a different state.

As a rule, when a family is safe, as determined by the family itself, every effort should be made to re-house the household as quickly as possible, and the household should be provided needed transitional stabilization services.

Ex-Offenders

Ex-offenders fall into two categories in their relationship to homelessness. The first are persons who, prior to their release from the correctional facility, expect to be homeless. In those cases HUD is clear that it is inappropriate for the entity coordinating discharge to use homeless shelters as an intentional post-discharge placement site. Instead, as mentioned above, the criminal justice system could benefit from creation of its own rapid re-housing program for those inmates facing significant housing barriers upon discharge.

The second category are persons who become homeless at some point after their discharge, frequently after a short period of time in a housing situation that did not work

out as initially planned. Those persons may meet the HUD definition of homelessness and be eligible for services from the homeless service system.

Regardless of which category an individual is in, all persons leaving the criminal justice system are at significant risk of additional barriers to housing based on their criminal history. Landlords employ criminal background checks as a standard part of tenant screening. Unable to pass these screening practices, the ex-offender remains at substantial risk for both homelessness and recidivism into the correctional system.

Ex-offenders could also benefit from a master-lease program, as described in the above section on Youth.

Persons with Disabilities

Persons with disabilities may or may not meet HUD's definition of homeless individuals. Furthermore, depending on the extent and duration of the disabling condition, some who meet the definition will benefit from rapid re-housing while others will need permanent supportive housing as described above.

As with other publicly funded systems, HUD does not consider homeless programs an appropriate placement strategy for discharge of persons leaving hospitals or treatment programs, nor should the limited funds available for homelessness be used to provide housing for individuals leaving health or behavioral health facilities.

ICCHP Goal: Reduce the numbers of persons becoming homeless after discharge from publicly funded systems.

Recommendation: Using funds not restricted to use with homeless persons, Rapid Re-Housing programs should be expanded to serve other households facing housing crisis following residential stays in publicly funded institutions.

However, at this time many persons with disabilities find themselves homeless, whether or not they have ever been in a therapeutic, residential program. Once homeless, research shows that persons with disabilities have the most difficult time getting out of the homeless service system and moving back into stable housing.

When determining which type of permanent housing programs are most appropriate for persons with disabling conditions it is important to distinguish between persons with permanent, chronic disabilities and those experiencing an acute disabling episode.

The former, persons with chronic or recurrent disabilities, will need permanent supportive housing - housing that is permanent linked to ongoing services.

On the other hand, persons experiencing an acute, temporary disabling episode are best served with a rapid re-housing program that links the household with housing stabilization services as well as disability specific services. However, all services are likely to be time-limited based on need.

HOMELESS RESOURCES THE STATE CONTROLS

Although the State has no funds targeted for the homeless population, the State does administer federal programs that are homeless specific, including the Emergency Solutions Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA). In addition, other sources are often used to support homeless programs and housing for persons with disbilities. These sources include, but are not limited to, the Housing Trust Fund (state money), Community Development Block Grants and HOME. For communities to be successful in meeting new federal performance measures it is important that all funds the state administers be coordinated so expected grantee outcomes are being linked to the same goals. Without this type of strategic coordination the limited resources available to communities will be much less effective.

ICCHP Goal: State and state-coordinated housing and homeless resources are coordinated in a way that maximizes strategic investment in community outcomes

Recommendation: A new housing coordination position should be created in the governor's office to assist with housing coordination across all systems of state government and human services.

TRANSITIONAL HOUSING

Transitional Housing programs - these programs are designed to provide services for a limited time in efforts to better prepare households to later move into self-sufficient housing. While transitional housing programs do have permanent housing as a goal, the strategy for working with households is to assist the household with a variety of types of skill development in preparation for the move into permanent housing. Furthermore, most transitional housing programs do not continue to provide stabilization services to the household once the move into permanent housing has occured.

In comparison to rapid re-housing programs, transitional housing usually has higher admission standards and substantially higher costs per successful permanent housing exit. For these reasons guidance was updated to the current policy for communities to invest in rapid re-housing and permanent supportive housing, rather than transitional housing.

This guidance is comparatively new. For almost two decades HUD encouraged communities to develop transitional housing. Thus, many of our communities have a sophisticated transitonal housing network that plays a significant role in the region's

homelessness response. It will take time for these programs to adjust and re-tool for the new best practice paradigm.

Thus, HUD allows transitional housing that is currently funded by the Emergency Shelter Grant Program to continue receiving funding through the Emergency Solutions Grant Program. However, HUD will not allow the state to contract with any new transitional housing programs using ESGP funds.

ICCHP Goal: Communities will re-tool their crisis response systems to emphasize rapid re-housing programs.

Recommendation: State controlled resources should, for a limited time, continue to fund transitional housing programs with which it currently has contracts, giving those programs time to re-tool for the new paradigm. Within five years the State should cease supporting existing transitonal housing programs. No new transitional housing programs should be awarded funds for which the state is responsible.

The State should amend all statutes, regulations and contracts that prevent transitional housing programs from repurposing to permanent housing, rapid re-housing, or emergency shelter.

The State will advocate with HUD to change federal statutes, regulations and contracts that prevent transitional housing programs from repurposing to permanent housing, rapid re-housing, or emergency shelter.

TANGENTIAL ISSUES

Prevention

In future years Prevention will become another cornerstone of the recommended system of services aimed at reducing and ending homelessness. These services will target households on the verge of becoming homeless and use financial assistance and housing stabilization services to prevent the households from entering the homeless system.

At this time, however, not enough is known about how to predict which households will become homeless, versus those that will lose their current housing yet still have another housing option (frequently with family or friends), to know how to target prevention funds to those truly at greatest risk of homelessness. Therefore, HUD currently encourages communities to limit housing stability activities to the currently homeless population, rather than those at-risk. Once enough data is available to give agencies adequate guidance on how to strategically target limited prevention funds, the State will begin to encourage prevention programs.

Affordable Permanent Housing

At the largest system level, the nation's increase in homelessness is strongly connected to increased housing cost, and particularly the percentage of households that can afford

private sector housing without subsidies. Tighter rental markets are documented to coincide with increased rates of homelessness. Many North Carolina communities find their rental markets affected by factors as diverse as the tourism industry, topography, and the presence of a college or univeristy in a small town. Furthermore, while availability of jobs can impact homelessness, there is not a direct correlation between housing costs and local employment and income.

Given these dynamics of the housing system, ending homelessness is very dependent on housing units being designated for low income households, including those with disabiling conditions, and the availability of housing subsidies.

North Carolina's Targeted Unit Program

NCHFA is a national leader in promoting the creation of deeply affordable units within LIHTC projects specifically for extremely low-income persons with disabilities. Since 2004 NCHFA has required all LIHTC developments to set aside 10% of the units in every project (Targeted Units) as permanent supportive housing (PSH) for persons with disabilities. By working closely with DHHS, these units are linked with the Key Program housing subsidy (see below) as well as the supportive services that are crucial to the success of PSH. North Carolina has financed more than 2,200 Targeted Units and approximately 1,000 are occupied by persons with disabilities.

North Carolina's Targeting approach became the model for federal legislation to reform HUD's Section 811 Supportive Housing for Persons with Disabilities program, which was signed into law January 2011, and has been replicated in three other states.

The Key Program provides the primary rental assistance necessary to ensure that persons with disabilities pay no more than 30% of their monthly income toward rent in certain NCHFA-financed permanent housing properties. The Key Program "fills the gap" between the rent an extremely low-income household can afford (e.g. $150-200 per month) and the actual monthly cost of the unit, ensuring that units are affordable to persons on disability incomes.

ICCHP Goal: Increase access by low income households to safe, affordable housing.

Recommendations: Continue support for the Targeting Program, increasing appropriations for Key Rental Assistance and the staff necessary to administer the program.

Create a State funded Tenant Based Rental Assistance (TBRA) program targeting homeless persons, low income persons leaving publicly funded institutions and other households at significant risk of homelessness.

Continue funding for NCHousingSearch.org.

TREATMENT PROGRAMS

HUD's policy guidance related to the 1987 McKinney-Vento legislation was perceived by many to lack clear guidance on the relationship between homeless service programs and treatment programs that targeted homeless people. With passage of the HEARTH Act, new Emergency Solutions Grant regulations, and articulated positions about licensed agencies as well as transitional housing, the federal guidance is much clearer than it has been in the past.

Following this guidance, the critical distinction between a homeless service agency and a treatment program is the emphasis on rapid re-housing. Homeless programs do, or should, place all emphasis on assisting households to move as quickly as possible into permanent housing, and then assist the household to obtain and maintain stability in that permanent housing. In the new paradigm, shelters become places where households live until, and only until, a permanent housing unit can be identified. Once the unit is identified, the household is assisted to move in and stay until they choose to move.

Treatment programs, whether working with persons with mental health, substance abuse, physical disabilities, or even step-down programs from other institutions, may target people who have been homeless but have a different emphasis. The goal of a treatment program is to provide a therapeutic intervention, possibly even one that is emphasizing skills specific to future housing stability. Once that intervention has been completed, then and only then does the program put emphasis on the household moving into permanent housing. The move into permanent housing is sometimes supported as part of the treatment program, but usually the household must negotiate identifying a unit, moving in and establishing their new home without assistance from the program.

Treatment programs play an important role for all who need their services, including homeless people. However, because of the different emphasis, it is important to distinguish treatment programs from homeless agencies. The treatment program is focusing on therapeutic interventions designed to prepare people for independent living, while homeless programs focus on establishing a home first, and then assisting with the services needed to maintain that household. Some of these housing stability services may also include treatment for one or more disabling conditions.

By drawing the distinction between treatment programs and homeless service agencies it helps communities to better target the comparatively limited homeless funds, while enouraging treatment programs to seek appropriate services funding that homeless agencies are not eligible to receive. This approach allows HEARTH Act funds to be used in a way that meets HEARTH guidelines, but is also in keeping with the spirit of the earlier McKinney-Vento legislation.

ICCHP Goal: Funds for homeles programs should be efficiently targeted to programs that have a primary goal of ending a household's homelessness.

Recommendations: Treatment programs should not be funded with HEARTH Act homeless funds, or any other homeless specific funding.

The ICCHP should facilitate education for treatment programs targeting homeless people about how they can complete the licensure process and access other services funding (including Medicaid).

CENTRALIZED or COORDINATED INTAKE

Federal guidance is also encouraging communities to implement either a centralized or coordinated intake process for homeless households. The intent of this process would be to track program and bed availability while intentionally referring households to agencies that are best suited to meet their immediate and ongoing needs. This system would take the responsibility of knowing which programs have availability, and what makes each program unique, away from the household in crisis and place it with the Continuum of Care.

While HUD has named the importance of this approach, it has not yet published regulations or guidance on how communities should set up the system. The ICCHP will wait to give communities direction on intake processes until the federal regulations have been published. However, communities that want to begin exploring options are encouraged to review materials available from the National Alliance to End Homelessness, found at http://www.endhomelessness.org/content/article/detail/3974.

ADDITIONAL ACTIONS THE STATE SHOULD PURSUE

ICCHP Goal: All eligible persons with disabilities should have needed assistance to successfully apply for disability benefits for which they are eligible.

Recommendation: DHHS should continue to promote SOAR as a mechanism for assisting homeless people with disabilities and expand SOAR training to include caseworkers assisting other persons with disabilities who are at risk of homelessness.

ICCHP Goal: Communities have access to timely and affordable training about all aspects of the new paradigm of homeless services.

Recommendation: The Governor continues to support funding for the ICCHP in future years.

ICCHP Goal: Communities will fully participate in HMIS, using data to inform funding and program decisions.

Recommendations: The Governor identify resources to subsidize the HMIS cost to Continuums of Care.

The ICCHP continue to encourage and faciitate HMIS training for users and data analysts.

ICCHP Goal: Households with bad credit, will have assistance in overcoming barriers to housing resulting for poor credit ratings.

Reccomendation: The state should explore protocols for a co-leasing plan, allowing agencies that provide housing stabilization services for persons who enter into co-leasing arrangements with landlords. The state should explore what policies and procedures would encourage participating by the greatest number of landlords.

ICCHP Members 2011-2012

Beth Melcher, Department of Health and Human Services – Chair

Patricia Amend, N.C. Housing Finance Agency
Sen. Doug Berger, N.C. Senate
Michael Best, Greenville Housing Authority
Verna Best, Department of Health and Human Services, DSS
Sandra Cole, Department of Health and Human Services, DPH
Katherine Dudley, Department of Public Safety
Lance Edwards, United Way of Buncombe County
Chris Estes, N.C. Housing Coalition
Rep. Susan Fisher, N.C. House of Representatives
Angela Harper, Department of Health and Human Services, MH/DD/SAS
Pam Kilpatrick, Office of State Budget and Management
Debra King, CASA
Dan Kornelis, Forsyth County Government
Vickie Miller, Department of Commerce
Rep. Rodney Moore, N.C. House of Representatives
Denise Neunaber, N.C. Coalition to End Homelessness
Roshanna Parker, Department of Public Safety
Sen. Louis Pate, N.C. Senate
Alan Reberg, Faith-Based Community
Lane Sarver, Private Sector
Amy Sawyer, City of Asheville
Reginald Speight, Martin County Community Action
Gregory Richardson, Department of Administration
Debora Williams, Department of Public Instruction