Status of **Veteran Homelessness** in North Carolina

PRELIMINARY REPORT
June 2016

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Introduction

In June 2015, Governor Pat McCrory announced a statewide initiative to address and end veteran homelessness in North Carolina. The announcement highlighted the initial steps being taken to create a statewide structure to coordinate and consolidate the important work already underway in several local areas, and to further identify support and resources to expand successful models to other parts of the state.

Organizations and agencies from across the state have spearheaded this effort. The North Carolina Department of Military and Veterans Affairs, the U.S. Department of Veterans Affairs (VA), and the North Carolina Coalition to End Homelessness provided primary leadership for this work. These organizations convened a task force composed of additional statewide leaders, dubbed Operation Home, to provide guidance and oversight to the work, and that task force continues to serve as a committee of the Governor's Working Group on Veterans and Their Families (see appendix for a list of Operation Home Task Force members).

North Carolina's work aligns with a national focus on ending veteran homelessness. This national goal was first established in the 2010 release and subsequent implementation of "Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness," which challenged the nation to end veteran homelessness by 2015. Specifically, the plan calls communities to build and implement a response system that ensures that homelessness is prevented whenever possible and, if it cannot be prevented, ensures that the veteran's homelessness is a rare, brief, and non-recurring experience. Subsequently, the U.S. Interagency Council on Homelessness

(USICH) issued specific benchmarks and criteria to guide local efforts and evaluate cities and states on their work to end veteran homelessness. To further work to end veteran homelessness, First Lady Michelle Obama issued a Mayor's Challenge to End Veteran Homelessness in June 2014 to encourage elected officials to join, support, and lead their local endeavors. Further, 71 communities across 30 states and the District of Columbia are participating in the Zero: 2016 campaign, which launched in December 2015 and aims to end veteran and chronic homelessness by December 2016.

Through these and other focused activities, significant progress has been made toward the goal of ending veteran homelessness. Nationally, the number of homeless veterans fell by 35 percent from 2009 to 2015. [1] Further, 24 cities and 2 states have met the USICH standards for ending veteran homelessness, including Cumberland County and Forsyth County in North Carolina in the fall of 2016. [2] The Mayors of the two major cities in those counties, Fayetteville and Winston-Salem, both signed the Mayor's Challenge and helped support and lead their local efforts. Nearly 50 other North Carolina mayors have signed onto the challenge as well. [3]

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[1] U.S. Department of Housing and Urban Development (HUD). 2015. The 2015 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness. Washington, DC: HUD. https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf

[2] U.S. Department of Housing and Urban Development (HUD). n.d. "Mayor's Challenge." Accessed: June 15, 2016.

http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/veteran_information/mayors_challenge/

[3] U.S. Department of Housing and Urban Development (HUD). n.d. "Mayor's Challenge: Mayors and Staff." Accessed: June 21, 2016.

The documented success nationwide inspired the Operation Home Task Force to seek out and learn from successful models across the country, including New Orleans, Houston, and the neighboring State of Virginia, which met the USICH standards of ending veteran homelessness. The Task Force provided and received resources and guidance from North Carolina's Zero: 2016 communities, Mecklenburg County and Guilford County, which benefit from additional technical assistance as part of that campaign. Using lessons from this work inside and outside the state, the Operation Home Task Force contracted with the Rapid Results Institute with funding provided by the North Carolina Department of Health and Human Services to provide coaching and technical assistance to six additional areas of the state. Those areas included: Asheville/Buncombe County, Brunswick, New Hanover and Pender Counties; Gaston, Lincoln, and Cleveland Counties; Onslow County; Rowan County; and the Triangle Area (Durham, Wake, and Orange Counties). Service providers in those six areas formed teams and, following a two day "boot camp" in Raleigh in February 2016, began 100-day programs with specific goals in their local communities. The teams reconvened June 22nd and 23rd in Raleigh to share their successes, plan for their sustainability, and participate in the presentation of this report to the Governor's Working Group on Veterans, Service Members, and Their Families.

This report documents the progress made through that work and the lessons learned so far. We begin with an overview in the size of the homeless veteran population in North Carolina, which is followed by a review of their demographic, socioeconomic, and housing characteristics. Drawing on the work done so far in communities across the state, we identify six key steps for ending veteran homelessness that can inform further efforts to expand the state's work toward ending veteran homelessness.

Data for this report have been collected from the annual Point-in-Time (PIT) Count of the homeless population, from administrative data from homeless service providers, and through engagement with Rapid Results community teams. This section briefly explains each data type as well as any relevant advantages or disadvantages.

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http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/veteran_information/mayors_challenge/mayors_and_staff.

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Point-in-Time Count:

The PIT Count, which is conducted annually on a single night in January in communities across the country, enumerates both sheltered and unsheltered homeless people. Sheltered individuals (those staying in emergency shelter or transitional housing programs) are counted by those service providers. Importantly for this population, the transitional housing programs include beds funded by the VA Grant and Per Diem (GPD) program, which funds supportive living environments for homeless veterans; 391 transitional housing beds in the state are funded by the GPD program. Unsheltered homeless people are counted through community canvassing efforts, typically led by street outreach staff. Through these methods, the PIT Count provides a "snap-shot" of the homeless population, including the size of the homeless veteran population and some basic demographic information about them. PIT Count data have been especially helpful to show trends over time, but the data are limited because they do not capture everyone who enters and exits homelessness throughout the course of the year.

Administrative data on homeless services:

Homeless service providers enter data on services provided into their Continuum of Care's Homeless Management Information System (HMIS). These administrative databases provide a fuller picture of how many clients, including veterans, are served by homeless services and their characteristics, but do not capture those who do not engage with services. This preliminary report uses HMIS data from a subset of North Carolina Continuums of Care (CoCs) to provide a high-level view of homeless veterans' demographic, household composition, and housing characteristics. Not all CoCs were able to contribute data through the NC HMIS at the time of the report, but it is expected in the fuller final report in fall 2016.
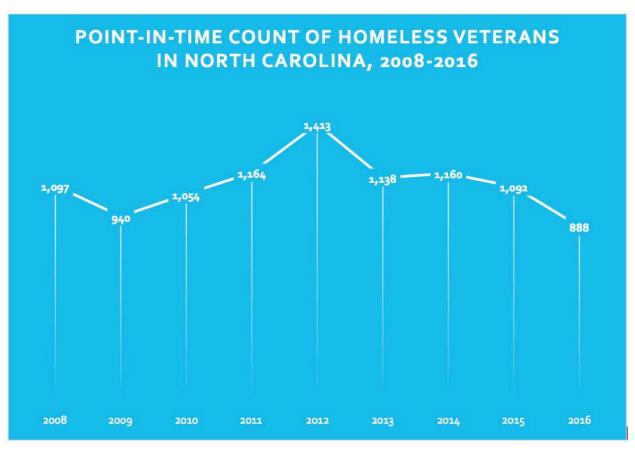
Community team engagement:

Through the Rapid Results 100-day challenge, the six community teams from across the state have regularly reported out on progress, including a presentation at the challenge 50-day midpoint. We used information from these report outs as well as from calls held with each community at the end of the 100-day challenge to identify key steps to ending veteran homelessness as well as needed policies and resources. Additional insights gleaned from the Sustainability Review will be included in the final report.

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In 2016, the size of North Carolina's homeless veteran population reached a record low.

Despite a spike in 2012, the size of North Carolina's homeless veteran population stayed relatively stable at about 1,100 veterans between 2008 and 2015, according to the annual Point-in-Time (PIT) Count. However, 2016 PIT data revealed that the number of homeless veterans fell to 888, a 19 percent decrease from 2015.

The number of chronically homeless veterans, those with enduring homelessness and a disabling condition, declined from 177 veterans in 2015 to 98 veterans in 2016, constituting a 45 percent decrease. However, analysis of HMIS data for eight of the state's CoCs suggests that the PIT Count may undercount the chronically homeless.[4]

POINT-IN-TIME COUNT OF HOMELESS VETERANS IN NORTH CAROLINA, 2008-2016

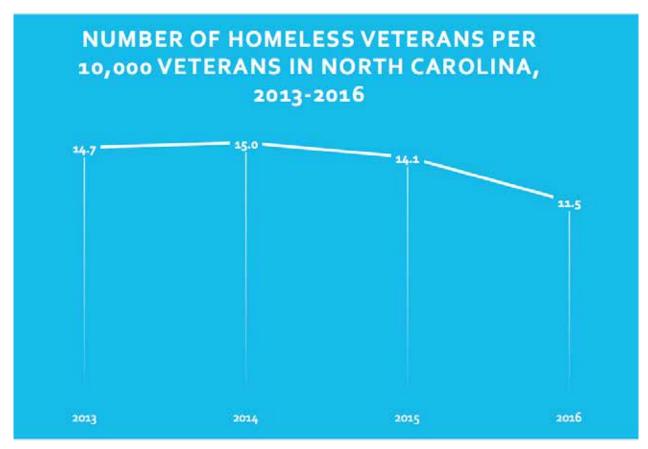| 2008	2009	2010	2011	2012	2013	2014	2015	2016
1,097	940	1,054	1,164	1,413	1,138	1,160	1,092	888

Source: 2008-2016 Point-in-Time count data from all 12 Continuums of Care in North Carolina.

The eight CoCs included in this analysis are Asheville/Buncombe County, Balance of State, Chapel Hill/Orange County, Charlotte/Mecklenburg County, Durham City and County, Greensboro, Highpoint/Guilford County, Raleigh/Wake County, and Wilmington/Brunswick, New Hanover, and Pender Counties. Data for calendar year 2015 were examined.

The rate of homelessness among North Carolina's veterans, which measures how common it is for a veteran in the state to be homeless, has consistently been lower than in the US overall and has also dropped to record low levels in 2016. In the US, between 22 and 25 out of every 10,000 veterans were homeless between 2013 and 2015. However, in North Carolina, for every 10,000 veterans in the state, only between 14 and 15 were homeless over that period, using VA population projection and PIT Count estimates. In 2016, this number dropped to 11.5, showing that the decrease in the size of the homeless veteran population is not due solely to changes in the size of the state's veteran population overall.

NUMBER OF HOMELESS VETERANS PER 10,000 VETERANS IN NORTH CAROLINA, 2013-2016

14.7   15.0   14.1   11.5

2013   2014   2015   2016

Source: Pre¬¬liminary PIT count data from North Carolina's 12 Continuums of Care and the US Department of Veteran's Affairs Veterans Population Projections data (2014).

In this section, we describe North Carolina's homeless veteran population using both PIT data for 2016 and HMIS data for calendar year 2015 for eight CoCs in the state.[5]

Specifically, we discuss: (1) where homeless veterans in the state are staying (e.g., with homeless service providers or unsheltered) and where they li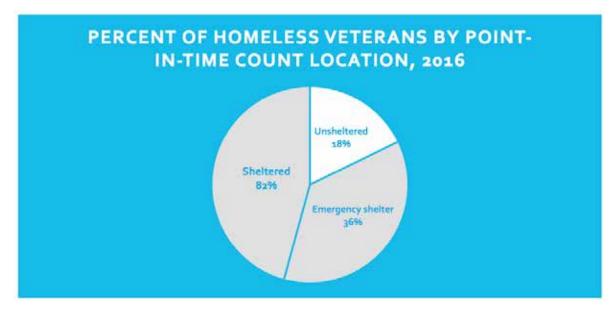ve across the state; (2) whether they are in families or not; (3) whether they are literally homeless when they seek homeless services; and (4) their demographic characteristics.

1   Where homeless veterans stay

Overall, the vast majority of North Carolina's homeless veterans stayed in a sheltered location (in an emergency shelter or transitional housing project). In the 2016 PIT Count, 82 percent of homeless veterans were sheltered and only 18 percent were unsheltered. Though national 2016 PIT data are not yet available, 2015 PIT data suggest that North Carolina homeless veterans are more likely to be sheltered than homeless veterans elsewhere. In the US as a whole, 66 percent of homeless veterans were sheltered and 34 percent were unsheltered, according to the 2015 PIT count.
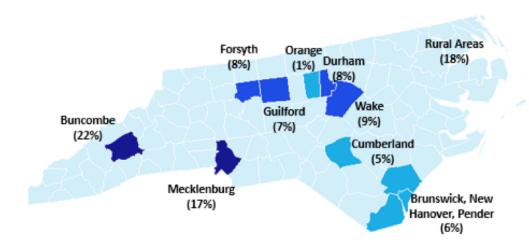
The majority of sheltered homeless veterans in North Carolina were staying in transitional housing programs. In the 2016 PIT count, 406 out of the 888 homeless veterans (46 percent) were in transitional housing, while 324 accessed emergency shelter and 158 were unsheltered. Nearly all of the homeless veterans in transitional housing were staying in one of the 391 beds funded by the VA's Grant and Per Diem program.[6]

PERCENT OF HOMELESS VETERANS BY POINT-IN-TIME COUNT LOCATION, 2016

Unsheltered 18%

Sheltered 82%

Emergency shelter 36%

Source: 2008-2016 Point-in-Time count data from all 12 Continuums of Care in North Carolina.

Most homeless veterans live in urban areas, but a proportionate share reside in rural counties. In the 2016 PIT Count, 82 percent of the state's homeless veteran population were concentrated in urban areas. Buncombe County (Asheville) had the most homeless veterans (196 veterans, or 22 percent of all homeless veterans in the state), according to the 2016 PIT Count, which is driven by 172 GPD beds in that county.[7] Mecklenburg County (Charlotte), the state's largest population center, had the second-largest homeless veteran population (136 veterans, or about 17 percent of the state's homeless veterans). Wake County (Raleigh), Durham County (Durham), Forsyth County (Winston-Salem), and Guilford County (Greensboro and High Point) each had between 7 and 9 percent of the state's homeless veterans. Despite these concentrations of homeless veterans in the state's more urban areas, many homeless veterans live in the rural areas. About 18 percent of homeless veterans identified in the 2016 PIT Count—nearly 1 in 5—lived in the state's 89 more rural counties, which is comparable to the share of veterans overall living in rural areas of the state.[8]

Source: 2016 PIT count data from all 12 North Carolina CoCs.

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[5] The eight CoCs included in this analysis are: Asheville/Buncombe County, Balance of State, Chapel Hill/Orange County, Charlotte/Mecklenburg County, Durham City and County, Greensboro, Highpoint/Guilford County, Raleigh/Wake County, and Wilmington/Brunswick, New Hanover, and Pender Counties.

[6] Doyle, Jeffrey L, VA VISN 6 Homeless Coordinator. "RE: [EXTERNAL] New date for GPD." Message to Terry Allebaugh, Ending Veteran Homelessness Coordinator, NC Department of Military and Veteran Affairs. November 20, 2015. Email.
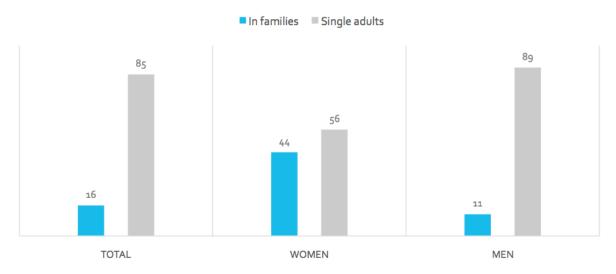
[7] According to the 2016 PIT Count, 172 homeless veterans were in transitional housing. The only transitional housing beds available in Buncombe County are GPD beds, so we determine that the 172 veterans in transitional housing were in GPD.

[8] The 89 rural counties include those counties in the North Carolina Balance of State CoC, The Gastonia/Cleveland, Gaston, Lincoln Counties CoC, and the Northwest North Carolina CoC. The number of North Carolina veterans living in rural areas comes from: US Department of Veterans Affairs, Office of Rural Health. 2015. Office of Rural Health Annual Report: Thrive 2015. Washington, DC: US Department of Veterans Affairs. The total number of veterans in the

2   Household composition

Most homeless veterans are single adults, but some are living in families with children. According to HMIS data for calendar year 2015, about 85 percent entered homeless services as a single adult household, and about 16 percent sought services as part of a family with children. Women veterans were more likely to be in families than men. Nearly half (44 percent) of women veterans were in family households, compared with only 11 percent of men.

PERCENT OF HOMELESS VETERANS BY HOUSEHOLD TYPE AND GENDER, 2015

■ In families   ■ Single adults

	TOTAL	WOMEN	MEN
In families	16	44	11
Single adults	85	56	89

3   Homelessness status at program entry

Most veterans entered homeless services when they were literally homeless, while a small share received services when they were at imminent risk for homelessness. In calendar year 2015, about 83 percent of homeless veterans were literally homeless when they received services, which means that they were living in shelter or transitional housing, or on the streets, in cars, or other places not meant for human habitation. The remaining 17 percent were at imminent risk of homelessness, which HUD defines as losing one's primary residence within 14 days, not having another residence identified, and not having the necessary resources and support networks to obtain a new permanent residence. Many in this group are served by the Supportive Services for Veteran Families (SSVF) program, which can provide households with resources to prevent them from becoming homeless in addition to rehousing those who recently became homeless.

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[9] These percentages do not sum to 100 percent, because some veterans entered homeless services multiple times within calendar year 2015, sometimes entering as a single adult and other times entering as a family with children. We estimate that about 1.5 percent of all of the veterans who entered homeless services during the period entered in different household composition types.

[10] US Department of Housing and Urban Development. n.d. "Homeless Definition." Accessed: June 20, 2016. https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf.
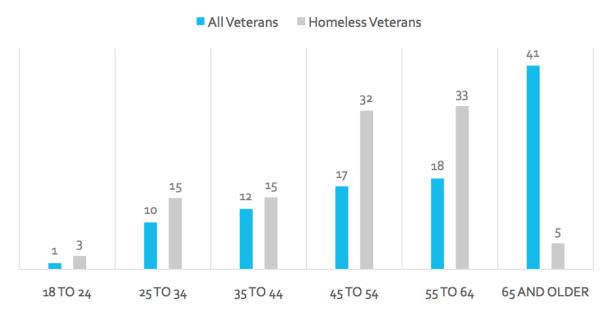
4 Demographic characteristics

This section uses HMIS administrative data from eight of North Carolina's 12 CoCs to analyze the age, gender, race, and ethnic characteristics of the homeless veteran population in North Carolina and uses VA data to compare homeless veterans to the veteran population overall.[11]

AGE: Homeless veterans are younger than the overall veteran population in North Carolina. As demonstrated in the chart below, over 40 percent of the overall veteran population is age 65 or older, while few (only about 5 percent) of the homeless veteran population are in that age bracket.. Most homeless veterans (about 65 percent) are middle-aged, between 45 and 64. Very young veterans, who served in the Post-9/11 service era, are also disproportionately represented among the homeless population. In North Carolina, only 1 percent of veterans were between the ages of 18 and 24 in 2015; however, 3 percent of homeless veterans were that young.

PERCENT OF NORTH CAROLINA VETERANS BY AGE GROUP AND HOMELESS STATUS, 2015

■ All Veterans ■ Homeless Veterans

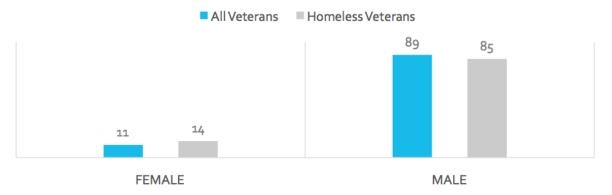| Age Group	All Veterans	Homeless Veterans
18 TO 24	1	3
25 TO 34	10	15
35 TO 44	12	15
45 TO 54	17	32
55 TO 64	18	33
65 AND OLDER	41	5

Source: VA Veterans Population Projection estimates (2014) and HMIS data for calendar year 2015 from the following CoCs: Asheville/ Buncombe County, Balance of State, Chapel Hill/Orange County, Charlotte/Mecklenburg County, Durham City and County, Greensboro, Highpoint/Guilford County, Raleigh/Wake County, and Wilmington/Brunswick, New Hanover, and Pender Counties.

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GENDER: Female veterans are slightly overrepresented among the homeless veterans. Overall, 11 percent of North Carolina's veterans were female and 89 percent were male in 2015. However, among homeless veterans, 14 percent were female and 85 percent were male.
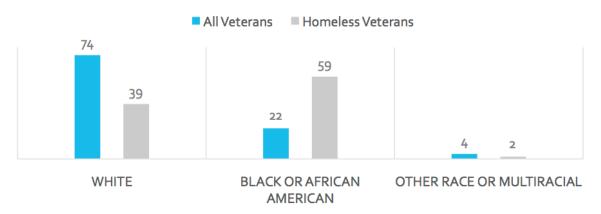
PERCENT OF NORTH CAROLINA VETERANS BY GENDER AND HOMELESS STATUS, 2015

■ All Veterans ■ Homeless Veterans

	FEMALE	MALE
All Veterans	11	89
Homeless Veterans	14	85

RACE AND ETHNICITY: Homeless veterans in North Carolina are more likely to be black or African American, but less likely to identify as Hispanic or Latino. The overall veteran population in the state is largely white. In 2015, 74 percent of veterans were white, while only 22 percent were black and 4 percent were multiracial or identified with another racial group. However, nearly 3 out of 5 (59 percent) homeless veterans were black, and only 39 percent were white. Further, about 3 percent of the overall veteran population in North Carolina identified as Hispanic or Latino, while only about 2 percent of homeless veterans did.

NORTH CAROLINA VETERANS BY RACE AND HOMELESSNESS STATUS, 2015

■ All Veterans ■ Homeless Veterans

	WHITE	BLACK OR AFRICAN AMERICAN	OTHER RACE OR MULTIRACIAL
All Veterans	74	22	4
Homeless Veterans	39	59	2

Source: VA Veterans Population Projection estimates (2014) and HMIS data for calendar year 2015 from the following CoCs: Asheville/ Buncombe County, Balance of State, Chapel Hill/Orange County, Charlotte/Mecklenburg County, Durham City and County, Greensboro, Highpoint/Guilford County, Raleigh/Wake County, and Wilmington/Brunswick, New Hanover, and Pender Counties.

Six key steps to reach the goal

LESSONS LEARNED FROM 100-DAY PROGRAMS. Communities such as Charlotte/ Mecklenburg, Fayetteville/Cumberland, Winston-Salem/Forsyth, and Greensboro/Guilford have all been standard bearers working to establish successful strategies toward ending veteran homelessness. They are providing a good foundation for the rest of the state to build upon.

Most recently, six Rapid Results teams have been producing additional innovative work across North Carolina from February through June 2016. From their experience and with the support of the Rapid Results Institute, important lessons have emerged for communities working to end veteran homelessness. We have identified six key steps to accomplish this work that other communities should consider as they work to ensure that currently homeless veterans are housed and that future instances of veteran homelessness are rare, brief, and nonrecurring.

1 Identifying homeless veterans in the community through by-name lists

A critical step to ending veteran homelessness is to create a robust system for identifying and tracking all homeless veterans in the community. North Carolina communities are accomplishing this by creating by-name lists, which provide a regularly updated roster of homeless veterans in the community. By providing this real-time understanding of the size of the population, these lists can make ending veteran homelessness feel more manageable and progress more measureable. One team member said, "It's eye-opening... I didn't have a clear answer as to who is homeless in our county. Now I do, and we can get our hands around this by-name list."

These lists often also include information to direct and track service provision (e.g., information on client needs, identification and housing dates, and services provided). Community teams share the list with providers serving homeless veterans and use the list to discuss each veteran's needs and coordinate the most appropriate services. Onslow County has gone a step further by generating their by-name list through their coordinated assessment process, which uses an assessment tool called the VI-SPDAT to assess client needs and the most appropriate service for them (e.g., rapid rehousing, permanent supportive housing, etc.).

The Gaston, Lincoln, and Cleveland counties team cites the development of their by-name list as one of their biggest successes. Through its development, they have been able to track homeless veterans in their community and make the list a useful tool for service provision. Throughout the 100-day challenge, their team was composed primarily of the local SSVF providers and the VA medical center staff, as well as other community agencies involved with outreach. However, the local Continuum of Care (C0C) was not a participant in the community process; consequently, the Gaston, Lincoln, and Cleveland team has not had that valuable source contributing to their efforts. Currently, the CoC is in the midst of a leadership change, and the team is optimistic of engagement moving forward.

A regularly updated, comprehensive by-name list gives community teams a real time count of homeless veterans in their community, but in order to compile such a list, communities must work out cross-agency data sharing procedures and permissions, which can be a challenge, particularly when working at a regional level. Some communities have overcome the issue by having veterans sign a release of information form to allow their information to be shared with other service providers on the team. Some communities have not taken that step, but recent federal guidance from HUD and VA, which made clear that client information can be shared for the purposes of coordinating housing services, resolved many of their data sharing challenges. For example, prior to the release of this guidance the Brunswick, New Hanover, and Pender Counties team was using a list with client initials, rather than names, to coordinate care, but often providers could not be sure whether they were serving the client based on that limited information. After the guidance was released, they could use client names, which facilitated their ability to serve veterans in their community. However, the Triangle team, which includes three separate CoCs, each with their own separate HMIS system, continues to struggle with data sharing across CoC boundaries.

2 Building community-wide collaboration

By creating focused initiatives on the issue, community teams have been able to bring together diverse coalitions of local actors to collaborate around ending veteran homelessness. Community teams either created or expanded upon existing meetings to bring in a broad range of partners, including those who work directly with veterans (e.g., VA staff) or homeless individuals (e.g., SSVF and other homeless service providers), public housing authorities, local government officials, workforce development staff, and others. By bringing together these diverse groups, community teams have been able to identify new resources in their community and change processes in order to better serve homeless veterans. For example, Onslow County's team included a staff member from the City of Jacksonville, who was able to inform other team members of the city's housing resources and inform the city of veterans' needs as they consider affordable housing development projects. The meetings also provide an opportunity for cross-agency knowledge sharing. One Triangle community team member described the benefits of the collaborative model by saying, "We're trying to share what we're doing, so we're aren't recreating the wheel. We're working smart, not hard."

In order to recruit members and get the word to the community, some teams held formal engagement events or informational presentations, while others leveraged the networks of those already at the table and used word of mouth to engage more partners. The Brunswick, New Hanover, and Pender counties team presented to the county boards of commissioners in their area at their regular meetings and identified all of the service providers in their counties and held events to inform them of this work. In Onslow County, everyone on the initial team made an effort to talk about the initiative to others in the community to spread the word.

Rowan County's community team provides an illustrative example of the value of this kind of collaboration. The Rowan County team includes both of the county's SSVF providers, staff from the area's VA medical center, Disabled Veteran Employment Program (DVOP) staff from NC Works, the Regional Committee of the Balance of State CoC, area public housing authorities, and the police. The initial group, brought together for the Rapid Results Institute boot camp, held regular meetings and actively engaged other community

members working with veterans to attend those meetings. All new attendees were asked to describe how they work with veterans so that the team could establish a role for that agency within the collaborative.

Each partner brought unique resources to the table. For example, VA staff were able to help providers outside the VA understand VA regulations and requirements and offer creative solutions to help more efficiently serve veterans. The Salisbury Housing Authority created a veterans preference in their tenant selection procedures, so veterans on the Salisbury Housing Authority waitlist could be housed more quickly either in public housing or with a voucher. The DVOP staff person recruited donations of hygiene and other items to give to unsheltered veterans during outreach visits. The police make referrals to the team when they encounter a homeless veteran through their work and can provide additional security for outreach teams. The area's two SSVF providers also collaboratively decide which agency should take on a certain client or outreach assignment based on which agency can serve the veteran the fastest.

3 Understanding the local service system

By building community-wide coalitions, the community teams were able to better inform providers across the community of the full array of services available and to identify gaps. When they brought providers from their community together, the Brunswick, New Hanover, and Pender counties team found that service provider staff and other community stakeholders often did not know the full array of resources from which a veteran could benefit or which programs could provide which supports. Their community engagement efforts were able to resolve many of the information gaps.

The team in Onslow County experienced a similar challenge and created a systems flow chart to help them resolve it. The flow chart identified various characteristics that a homeless person could have that would affect the services for which they were eligible (e.g., veteran status and veteran discharge status) and identified which programs could provide which services to that veteran. The flow chart helped everyone serving veterans be able to make the appropriate referral at the outset. One team member said, "We have the client services flow chart. It was designed to stop having our clients running from one place to another. We could send them directly to those who can help them. That helps the veterans stay motivated in their quest for services."

As community team members learned more about the wealth of services available within their communities, they also learned about important gaps, including mental health care for veterans who are ineligible for VA healthcare. The Buncombe County team identified a need for more supports for these veterans to allow them to access and maintain permanent housing and raised this issue with the Operation Home Task Force. In response, the North Carolina Department of Military and Veteran Affairs partnered with the Smoky Mountain Managed Care Organization (MCO) to develop a program to deliver mental health and addiction treatment services to veterans who are homeless, precariously housed, and/or not eligible for VA benefits. Smoky Mountain MCO committed $340,000 to serve a six-county region with this service over the next two years.

4 Accessing affordable housing

Communities have utilized their full set of affordable housing resources and found innovative ways to house homeless veterans, but more supports are needed, especially in tight housing markets. Community teams in Brunswick, New Hanover, and Pender Counties and in Rowan County were able to work with their public housing authorities to get more resources for veterans. The Rowan Housing Authority established a veteran preference for their waiting list, while the Pender County Housing Authority prioritized five housing choice vouchers for homeless veterans. The Rowan County team also created a universal unit availability list, which is a comprehensive list of landlords in the county that will work with housing programs. All of the providers on the team contributed to the list. The team assigns one person to follow up with each landlord to inquire about available units, streamlining the process for both provider staff and landlords. The list also helps them more quickly house veterans because they have a running list of available units.

Several communities also made concentrated efforts to engage with landlords to explain the push toward ending veteran homelessness and how property managers benefit from working with a housing assistance program (e.g., guaranteed payment of the majority of the rent). In Onslow County this work took the form of one-on-one landlord meetings, while the team in Rowan County held a special landlord engagement event. Service providers in the Triangle team found that having the local Continuums of Care take the lead in messaging the initiative to landlords was more successful than individual providers reaching out.

The Brunswick, New Hanover, and Pender county team's strategy was particularly successful. Over the course of their 100-day challenge, the team recruited 14 new landlords to house homeless veterans. They deployed a multi-dimensional landlord engagement approach, which included hosting a landlord engagement event as well as broad community engagement efforts around this initiative and one-one-landlord recruitment efforts conducted by rapid rehousing program staff. The team also prepared a guide for landlords to working with the SSVF program, the primary resource the team used to house homeless veterans, to help landlords better understand what to expect from renting to a veteran in the SSVF program. In particular, the guide explained the difference in the process of working with the SSVF program compared to working with the Housing Choice Voucher program with which landlords may have more familiarity. The team also received new landlord referrals from landlords they were already working with through the HUD-VASH program.

State and federal agencies have also made efforts to increase homeless veterans' access to permanent housing. The Greensboro Regional office of the US Department of Housing and Urban Development (HUD) and the North Carolina Housing Finance Agency initiated conversations with targeted owners and property managers of HUD multi-family units to establish a homeless veteran preference in their tenant selection process. A pilot project is expected to launch in July 2016 with receptive owners and property managers.

Despite these successes, many teams struggled to get enough landlords to participate with the HUD-VASH or SSVF programs and expressed a need for incentives for landlords that choose to rent to a homeless veteran. Homeless veterans often cannot pass credit checks and some cannot pass the criminal background checks, which make finding private market housing difficult. Team members specifically suggested risk mitigation funds, which would insure that the landlords would be paid for any extreme damage to the unit not covered by the security deposit, or other ways to encourage landlords to rent to homeless veterans.

5 Ending chronic homelessness among veterans

Teams across the state have utilized by-name lists and coordinated intake and assessment protocols to identify and prioritize chronically homeless veterans for housing and services. According to HUD's definition, a chronically homeless veteran is one who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years that together sum to 12 months of homelessness, and has a disability. While veterans experiencing chronic homelessness often make up a small number of the overall veteran homeless population, they are among the most vulnerable. They tend to have high rates of behavioral health problems, including severe mental illness and substance use disorders, conditions that may be exacerbated by physical illness, injury or trauma. Consequently, they are frequent users of emergency service and crisis response systems and public safety systems, with high intervention costs. Providing permanent housing with supportive services has proven to be a highly effective and cost-saving intervention.

As mentioned above, North Carolina made unprecedented progress to reduce the number of chronically homeless veterans from 177 in 2015 to 98 in 2016, a reduction of nearly 45 percent, according to the PIT Count. The share of homeless veterans who are chronically homeless also decreased: in 2015, 16 percent of homeless veterans were chronically homeless, compared with only 11 percent in 2016.

The experience of the Triangle Team, which collectively achieved a 49 percent decrease in the number of chronically homeless veterans, illustrates ways to drive this change. Once chronic veterans were prioritized, teams begin to look even more closely at length of time a veteran had been homeless and the higher scores on the VI-SPDAT intake assessment scales indicating a need for HUD-VASH or other vouchers. It became critical to ensure the ongoing presence of the key players at the team meetings, including the staff of the Public Housing Authority, HUD-VASH, and SSVF providers. Decisions and connections could be made promptly and efficiently, resulting in rapid placement in housing after sometimes years of lingering in the homeless ranks. Once established, the communities are now reporting they often can move through the by-name list with efficiency because the paths from homelessness to housing are known, and the needed providers are at the table. Once connected the providers can assist each other to effectively serve a veteran. For example, when there is a delay accessing a HUD-VASH voucher, SSVF funds can be used to move the veteran into their own housing and then transfer the support to a voucher. The Triangle team is solidly on track to be certified as ending chronic veteran homelessness in the near future, an important step toward ending overall veteran homelessness.

6 | Supporting veterans choice for housing

For many years, the VA's Grant and Per Diem (GPD) programs provided one of the only housing supports specifically for homeless veterans. Many have functioned primarily as treatment facilities for those with mental health and substance abuse disorders. Participants can stay in the transitional housing programs up to two years and have access to a full array of employment, therapy, and support services. Since the program inception, VA-funded partners have developed a robust GPD presence in North Carolina. Currently, 13 programs provide 391 beds at locations around the state. By comparison, the neighboring state of Virginia has 68 GPD beds.

However, beginning with the release of the Opening Doors plan, national emphasis has been shifting away from transitional housing models toward prioritizing other models of intervention. Funding has increased substantially for permanent housing programs, including the HUD-VASH voucher program for disabled veterans and the Supportive Services for Veteran Families (SSVF) program, a rapid re-housing program for short-term assistance. The substantial reduction in the numbers of homeless veterans nationally and in North Carolina are integrally connected to the expansion of these resources because they quickly move veterans out of homelessness and into housing and function nimbly in highly coordinated local systems. USICH standards also emphasize permanent housing options rather than transitional housing through their criteria and benchmarks for ending veteran homelessness. The benchmarks state that service-intensive transitional housing should only be provided in limited instances and the average length of stay should be less than 90 days.

However, it will be extremely difficult for North Carolina meet these benchmarks given its current GPD landscape. North Carolina's GPD programs, which often provide long-term residential substance abuse treatment, are a unique draw for homeless

veterans across the country, not just North Carolinians. This causes consistently high levels of enrollment into service-intensive transitional housing and long lengths of stay (up to two years). For a community like Asheville/Buncombe County, where 47 percent of the total GPD beds in North Carolina are located and where 172 of its 196 homeless veterans counted during the 2016 PIT were in a GPD program, it is virtually impossible to meet this standard.

Recognizing the significant role played by GPD providers and the challenges of meeting USICH benchmarks in Buncombe County and across the state, the Operation Home Task Force sponsored a GPD Summit in January 2016, with 12 of the state's 13 providers in attendance. Following the meeting, the majority of GPD providers committed to three actions in order to better coordinate with local efforts around ending veteran homelessness: (1) to engage with community teams working toward ending veteran homeless; (2) to consider implementing a veterans choice option in their communities; and (3) to explore converting some of their beds to shorter-term "bridge housing," which provides veterans with a place to stay while they work on securing permanent housing.
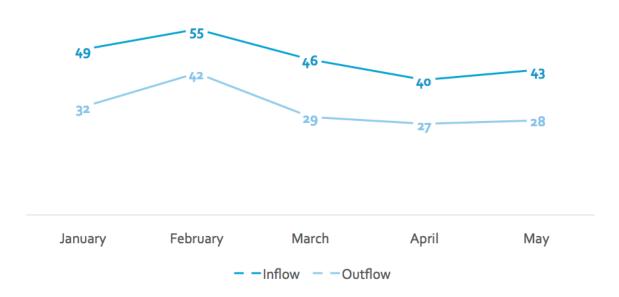
The Asheville/Buncombe County team has been working together to put these and other options into place. They worked with the Operation Home Task Force to host a community-wide meeting in March 2016 with the Mayor of Asheville, the Director of the VA Medical Center, a regional coordinator for USICH, and other community partners. They devised a veteran housing preference form, which is now administered at local GPD programs and offers any veteran a choice of permanent housing placement or enrollment in the transitional housing and services of the GPD program. If a veteran is offered a choice, and he or she chooses the GPD program, and the community has the resources to help house the veteran, that veteran is exempt from meeting the benchmark standards of USICH. Also, in

solidarity with the community team, one of the GPD providers requested changing 50 percent of their beds to bridge housing to accommodate the shorter stays of veterans who choose permanent housing placement in the community. The request is pending.

However, even with the engagement of these tools and their impressive housing placement efforts, the Asheville/Buncombe County team is still struggling to respond adequately to the consistently high inflow of new homeless veterans into the community. The team closely monitors inflows of homeless veterans into their community and outflows of homeless veterans to permanent housing. The data highlight the depth of the challenge. Between January and May of 2016, 233 homeless veterans came to Asheville/Buncombe County, and 158 exited homeless to permanent housing. Despite the community's impressive efforts to house veterans, in the first 5 months of 2016, 75 more homeless veterans have come into Buncombe than have exited into permanent housing. With a very tight housing market (less than a 1 percent vacancy rate), Buncombe does not have the resources to absorb the high numbers of homeless veterans who are coming for GPD transitional housing and services and want to live in the area when they exit GPD. Buncombe needs the support of the federal and state government to address this challenge.

ASHEVILLE/BUNCOMBE COUNTY INFLOW AND OUTFLOW OF HOMELESS VETERANS, JANUARY-MAY 2016

Source: Data provided by the Asheville/Buncombe team.

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12 Doyle, Jeffrey L, VA VISN 6 Homeless Coordinator. "RE: [EXTERNAL] New date for GPD." Message to Terry Allebaugh, Ending Veteran Homelessness Coordinator, North Carolina Department of Military and Veteran Affairs. November 20, 2015. Email message.

13 According to the 2016 PIT Count, 172 homeless veterans were in transitional housing. The only transitional housing beds available in Buncombe County are GPD beds, so we determine that the 172 veterans in transitional housing were in GPD.

Policies and resources needed to continue to address and end veteran homelessness

North Carolina has achieved remarkable success and learned many important lessons through its work to address and end veteran homelessness, but without additional resources and sustained energy, the gains achieved could be lost. This report closes with recommended actions North Carolina can take to sustain this current momentum.

1. Expand capacity and support partnerships through coordinated efforts with all Continuum of Care. Work to ensure that when a veteran becomes homeless in North Carolina, there is a rapid response system and resources in place to ensure that the veteran is housed quickly and securely.

2. Continue and expand the capacity of the Operation Home: Task Force to End Veteran Homelessness. The Task Force should continue for at least one more year and should be expanded to create a full-time position to lead the statewide endeavor, which could be funded through a combination of state and private funds. The Task Force should also expand to include a subcommittee to address and provide solutions to the challenges in Buncombe County. Subcommittee members should include representatives of the US Congress, the North Carolina State Legislature, USICH, the national GPD program, the VA, and other state and federal leaders.

3. Expand capacity to serve homeless veterans in rural areas of the state.

    A. Expand staff capacity with the Balance of State Continuum of Care to employ outreach and engagement staff to work with SSVF, VA, and other veteran service providers to implement linked coverage for all NC counties.

    B. Convene a meeting of the Veteran Services Officers of North Carolina to explore both formal and informal commitments to engage with ongoing and developing initiatives to address and end veteran homelessness.

    C. Create and implement a program design for hotel/motel utilization for areas of the state without emergency shelter services for homeless veterans.

4. Develop and implement a statewide landlord incentive program, which would do the following:

    A. Make requests to all Public Housing Authorities and HUD multi-family developments to develop a homeless veteran preference for housing.

    B. Provide support for communities to develop Mayor-led landlord roundtables to facilitate greater landlord participation.

    C. Create a state-issued risk mitigation fund that would provide small payments to landlords for any excessive damage caused by a veteran tenant.

    D. Consider other incentives to landlords to house veterans, much like employers are incentivized to hire particular harder-to-employ populations.

5. Challenge all Local Management Entities/ Managed Care Organizations (LME/MCO) mental health providers to follow the lead of Smoky Mountain LME/MCO to develop programs that target all who have served in the military for needed support to access and maintain permanent supportive housing.

6. Promote the development of affordable housing, including targeting and set-asides for homeless veterans. Implement preferences in existing criteria for affordable housing development funded by the state. Recruit private partners to help finance housing development as part of a statewide campaign.

7. Advocate for increased availability and accessibility of HUD-VASH and Housing Choice Vouchers in communities with additional need.

8. Explore options of linking and/or developing employment support and program for veterans moving from homelessness into housing, including:

   A. Increasing the number of providers of Homeless Veteran Reintegration Program from 1 to at least 2 in North Carolina.

   B. Linking Disabled Veterans Outreach Program (DVOP) staff to existing efforts.

Appendix 1. Members of the operation home task force

Operation Home: Ending Veteran Homelessness in North Carolina Task Force members include:

Terry Allebaugh
Ending Veteran Homelessness Coordinator

North Carolina Department of Military and Veteran Affairs and the North Carolina Coalition to End Homelessness

Marsheta Boyton
Regional Coordinator

Supportive Services for Veterans and their Families (SSVF), US Department of Veterans Affairs

Hank Debnam
Cumberland Site Director

Military/Veterans Point of Contact
Alliance Behavioral Healthcare

Jeffrey Doyle
Network Homeless Coordinator

VA Mid-Atlantic Care Network (VISN 6), US Department of Veterans Affairs

Wei Li Fang, Ph.D.
Director for Research and Evaluation

Governor's Institute on Substance Abuse

Scott Farmer
Director of Rental Housing

North Carolina Housing Finance Agency

Max Goelling
Chairman

Winston-Salem/Forsyth County
Continuum of Care

Deborah Lee
HUD-VASH Regional Coordinator

Veterans Health Administration, Homeless Program Office, US Department of Veterans Affairs Central Office

Denise Neunaber
Executive Director

North Carolina Coalition to End Homelessness

Jim Prosser
Deputy Secretary

North Carolina Dept. of Military and Veterans Affairs

Flo Stein
Deputy Director

Division of Mental Health, Developmental Disabilities and Substance Abuse

North Carolina Department of Health and Human Services

Lucas Vrbsky, Health Care for Reentry Veterans Specialist

Veterans Administration

Amatullah Yamini
Senior Management Analyst

U.S. Department of Housing and Urban Development, Greensboro Office

Members through May, 2016: Ilario Pantano, former Deputy Director, NCDMVA and Laressa Witt, Program Manager, Family Endeavors

Appendix 2. 2016 Point-in-time count data tables

Table 1. Number of Homeless Veterans in North Carolina by Continuum of Care (C0C), 2008-2016 Point-in-Time Count

	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of homeless veterans									
NC-500 Winston-Salem/Forsyth County	39	28	37	47	43	38	43	60	67
NC-501 Asheville/Buncombe County	121	162	200	209	230	232	226	209	196
NC-502 Durham City and County	83	92	106	106	116	93	130	138	71
NC-503 North Carolina Balance of State	151	162	147	158	143	209	183	137	136
NC-504 Greensboro, High Point/Guilford County	105	102	121	81	104	78	98	81	66
NC-505 Charlotte/Mecklenburg County	144	174	168	248	373	120	157	185	149
NC-506 Wilmington/Brunswick, New Hanover, Pender Counties	36	61	72	42	28	41	48	54	52
NC-507 Raleigh/Wake County	122	19	107	91	141	203	110	123	78
NC-509 Gastonia/Cleveland, Gaston, Lincoln Counties	63	14	26	6	47	18	69	23	16
NC-511 Fayetteville/Cumberland County	95	93	53	130	152	77	66	58	43
NC-513 Chapel Hill/Orange County	13	9	4	10	8	9	13	12	7
NC-516 Northwest NC	125	24	13	36	28	20	17	12	7
State of North Carolina	1,097	940	1,054	1,164	1,413	1,138	1,160	1,092	888

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Source: 2008-2016 Point-in-Time Count data. 2016 data are preliminary.

Notes: (1) The 2016 data are preliminary, which means that these data have not yet been finalized by the US Department of Housing and Urban Development (HUD). Final numbers approved by HUD may deviate from the numbers presented here In order to report counts for consistent areas, the NC-503 North Carolina Balance of State includes the Point-in-Time count numbers for the Anson/Montgomery/Moore/Richmond CoC in 2008 and 2009. The Anson/Montgomery/Moore/Richmond CoC joined the Balance of State CoC in 2010.

Table 2. Percent of Homeless Veterans by Continuum of Care (CoC),
2008-2016 Point-in-Time Count

	2008	2009	2010	2011	2012	2013	2014	2015	2016
Percent of state's homeless veterans									
NC-500 Winston-Salem/Forsyth County	3.6	3.0	3.5	4.0	3.0	3.3	3.7	5.5	7.5
NC-501 Asheville/Buncombe County	11.0	17.2	19.0	18.0	16.3	20.4	19.5	19.1	22.1
NC-502 Durham City and County	7.6	9.8	10.1	9.1	8.2	8.2	11.2	12.6	8.0
NC-503 North Carolina Balance of State	13.8	17.2	13.9	13.6	10.1	18.4	15.8	12.5	15.3
NC-504 Greensboro, High Point/Guilford County	9.6	10.9	11.5	7.0	7.4	6.9	8.4	7.4	7.4
NC-505 Charlotte/Mecklenburg County	13.1	18.5	15.9	21.3	26.4	10.5	13.5	16.9	16.8
NC-506 Wilmington/Brunswick, New Hanover, Pender Counties	3.3	6.5	6.8	3.6	2.0	3.6	4.1	4.9	5.9
NC-507 Raleigh/Wake County	11.1	2.0	10.2	7.8	10.0	17.8	9.5	11.3	8.8
NC-509 Gastonia/Cleveland, Gaston, Lincoln Counties	5.7	1.5	2.5	0.5	3.3	1.6	5.9	2.1	1.8
NC-511 Fayetteville/Cumberland County	8.7	9.9	5.0	11.2	10.8	6.8	5.7	5.3	4.8
NC-513 Chapel Hill/Orange County	1.2	1.0	0.4	0.9	0.6	0.8	1.1	1.1	0.8
NC-516 Northwest NC	11.4	2.6	1.2	3.1	2.0	1.8	1.5	1.1	0.8
State of North Carolina	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: 2008-2016 Point-in-Time Count data. 2016 data are preliminary.

Notes: (1) The 2016 data are preliminary, which means that these data have not yet been finalized by the US Department of Housing and Urban Development (HUD). Final numbers approved by HUD may deviate from the numbers presented here In order to report counts for consistent areas, the NC-503 North Carolina Balance of State includes the Point-in-Time count numbers for the Anson/Montgomery/Moore/ Richmond CoC in 2008 and 2009. The Anson/Montgomery/Moore/Richmond CoC joined the Balance of State CoC in 2010.

Table 3. Homeless Veterans in North Carolina by Chronicity, Location, and Continuum of Care (CoC),
2016 Point-in-Time Count

Continuum of Care	Total Number of Homeless Veterans	Number of Chronically Homeless Veterans	Number of Homeless Veterans by Location			
			Emergency Shelter	Transitional Housing	Sheltered Subtotal	Unsheltered
NC-500 Winston-Salem/Forsyth County	67	12	29	32	61	6
NC-501 Asheville/Buncombe County	196	7	20	172	192	4
NC-502 Durham City and County	71	7	27	43	70	1
NC-503 North Carolina Balance of State	136	26	74	8	82	54
NC-504 Greensboro, High Point/Guilford County	66	0	27	39	66	0
NC-505 Charlotte/Mecklenburg County	149	6	66	58	124	25
NC-506 Wilmington/Brunswick, New Hanover, Pender Counties	52	15	15	18	33	19
NC-507 Raleigh/Wake County	78	10	45	17	62	16
NC-509 Gastonia/Cleveland, Gaston, Lincoln Counties	16	0	9	4	13	3
NC-511 Fayetteville/Cumberland County	43	9	6	12	18	25
NC-513 Chapel Hill/Orange County	7	3	2	3	5	2
NC-516 Northwest NC	7	3	4	0	4	3
State of North Carolina	888	98	324	406	730	158

Source: 2008-2016 Point-in-Time Count data. 2016 data are preliminary.

Notes: (1) The 2016 data are preliminary, which means that these data have not yet been finalized by the US Department of Housing and Urban Development (HUD). Final numbers approved by HUD may deviate from the numbers presented here In order to report counts for consistent areas, the NC-503 North Carolina Balance of State includes the Point-in-Time count numbers for the Anson/Montgomery/Moore/ Richmond CoC in 2008 and 2009. The Anson/Montgomery/Moore/Richmond CoC joined the Balance of State CoC in 2010.

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North Carolina Coalition to End Homelessness

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