

# **MORE THAN SHELTER!**

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Charlotte-Mecklenburg's  
Ten-Year Implementation Plan to  
End and Prevent Homelessness---One Person /One Family at a Time

October 2006

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## Preface: About This Implementation Plan

Charlotte-Mecklenburg began its formal search for answers on how to deal with our growing homelessness crisis in 2000 with the release of "*In the Shadows, An Assessment of Homelessness in Mecklenburg County.*" This assessment provided a statistical baseline for the then current state of homelessness and a starting point for dealing with the crisis. Soon after the assessment was published, community leaders convened a broad-based, 23-member task force to develop a vision and strategic plan to address the issues and challenges outlined in the report. After ten months of task force meetings and input from over 100 people serving on issue-focused subcommittees, "*Out of the Shadows, A Plan to Reduce the Prevalence, Duration and Impact of Homelessness in Mecklenburg County,*" was completed in the summer of 2002.

Since 2002, a number of significant actions have been taken. Some of these include:

- Creating A Way Home--the Mecklenburg Council on Homelessness to serve as an advocate and facilitator of strategic planning and partnership building;
- Finding the long-needed site and building for a permanent winter shelter for men;
- Opening Charlotte's McCreesh Place, Charlotte's first SRO for disabled men;
- Opening Samaritan House, a medical respite facility for homeless people;
- Establishing a mental health court;
- Developing and implementing a rental deposit program at Crisis Assistance Ministry; and
- Creating a mobile health crisis team.

Despite these and other efforts, our homeless numbers continue to rise as our overall population grows. Service providers have attempted to manage the growing demand for service, but this growth has outstripped their current capacities. Consequently, we need to become more aggressive with our implementation of *Out of the Shadows* and focus on longer-term solutions for ending homelessness; this will require new tactics along with much broader community buy-in, support and resources.

*More Than Shelter!-- A Ten-Year Implementation Plan to End and Prevent Homelessness, One Person/ One Family at a Time*—sets us on the path for more aggressive action. It represents a movement to the third phase in our community's body of work to address the growing homelessness crisis in Charlotte-Mecklenburg, building on the broad vision and direction created by the task force in *Out of the Shadows*. The implementation plan not only responds to our local need for more specific and immediate action, it also responds to the federal mandate for communities to develop ten-year plans to end homelessness, particularly chronic homelessness, as part of a unified national movement and as a requirement to continue receiving certain housing and homeless-related federal funds.

### Developing the Plan: The Beginning of an Annual Process

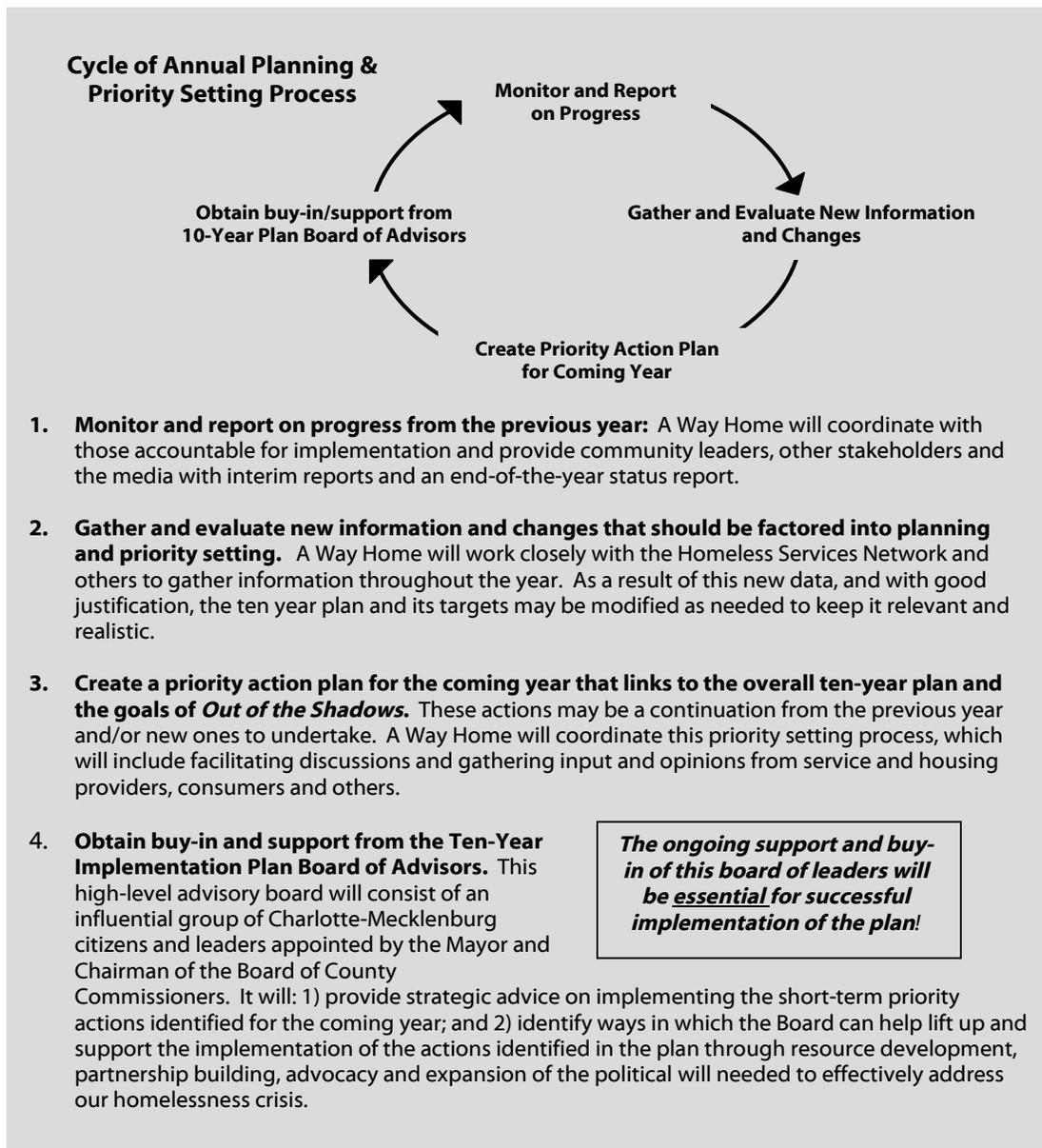
*More Than Shelter!* is a dynamic, living plan that will evolve and build each year through an **annual community planning and priority setting process**. In effect, our ten-year implementation plan will become a series of ten short-term, tactical plans driven by the *Out of the Shadows* vision and based on the following guiding principles:

#### Guiding Principles for Annual Planning Process

1. **SET TARGETS!** Identify **specific, measurable outcomes** that link to the goals and objectives promoted in *Out of the Shadows*.
2. **GET TACTICAL, GET MOVING!** Identify **a select number of tangible, actions** each year to begin implementing immediately and around which momentum will build and be sustained within the community.
3. **ENSURE ACCOUNTABILITY FOR RESULTS!** Designate individuals, organizations, groups and/or other entities to be held accountable for results and for reporting on them.
4. **KEEP THE PROCESS ALIVE!** Monitor, evaluate and celebrate progress throughout the year.
5. **CONTINUE TO SEEK BUY-IN AND SUPPORT!** Create and promote **opportunities to educate, engage and enlist** the support of political, faith, business, education and other community leaders, service providers, consumers and others in the campaign to end homelessness.

The City of Charlotte and Mecklenburg County engaged A Way Home to facilitate the planning process. Planning Consultant Carol Morris, who worked on Living in the Shadows and Out of the Shadows, was hired to work with A Way Home to research best practices from other communities and to help develop the plan. As part of the implementation planning process, three committees were convened to identify priority actions for three priority focus areas: 1) housing; 2) outreach/engagement; and 3) prevention. Representation on these committees was diverse, with over 50 people participating. A joint meeting of all three committees was held for final input and blending of overlapping strategies. In addition, several meetings were held to solicit input from service providers and others not participating on the subcommittees. The results of agency surveys and focus groups with consumers were also incorporated.

This first year plan of action for FY07-08 lays the foundation for the implementation priority setting process. It gets us moving. As envisioned, the annual planning and priority setting will occur through a continuous cycle consisting of the four main components below:



# MORE THAN SHELTER! Executive Summary

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## We Need to Shift Our Community's Response to Homelessness---Now!

As Charlotte-Mecklenburg's population grows each year and our relative supply of affordable housing decreases, we continue to see the number of homeless families and individuals swell in our community. Over 5,000 people are homeless in Mecklenburg County on any given night as are tens of thousands annually. We are currently spending millions of dollars to address our growing and tragic homelessness crisis, but at best, are only able to manage the problem with little capacity to address root causes.

While many effective programs are in place to support homeless individuals and families, they, collectively, have not been sufficient in the face of the growing problem to effectively reduce or end homelessness in Charlotte-Mecklenburg. **The evidence is compelling that the scope of our crisis has become too large and the causes too complex to continue working from an institutionalized, agency-driven system that relies heavily on emergency shelters and crisis management.**

If we truly want to see significant reductions in our homeless population, we need to begin shifting away from the traditional shelter-based model that often results in people shuffling from shelter to shelter and program to program, to a housing-based model that focuses on getting homeless individuals and families off the streets, out of shelters and into appropriate and safe permanent housing that is linked to services. **Supportive and service-enriched housing**, which provide varying levels of on and off-site services and support, must be developed as part of this shift. Supportive housing lends itself to chronically homeless men and women who may need a higher level of ongoing services and support, while service-enriched housing is best suited for families and individuals who are transitionally or episodically homeless as a result of economic setbacks or other non-disabling conditions. Services and support for those in service-enriched housing will eventually taper off as residents stabilize and build their capacity to live independent of support.

Communities where this housing-based model has been embraced are seeing positive outcomes with formerly homeless families and individuals staying housed and not returning to the streets and shelters. And according to evidence-based research being conducted across the country, **shifting to this "rapid housing/re-housing" model is cost-effective due to reduced reliance on shelters and less dependence on publicly funded systems such as emergency medical care, judicial and correctional institutions, chemical dependency treatment and foster care.** Bottom line, this housing-based approach is working and making a noticeable difference in other communities.

**Charlotte-Mecklenburg's shift to a housing-based model will be a gradual process and will require new sources of funding to create affordable housing options.** Until sufficient housing is available to support this new model, parallel systems must operate. People who are homeless are at immediate, personal risk and have a basic right to safe shelter and survival support. But as more housing options come on-line over time, many of the homeless support agencies and services will need to "re-tool" their service delivery protocols and processes to better align with the housing-based model.

*MORE THAN SHELTER! represents a movement to the third phase of our community's body of work to address the growing homelessness crisis in Charlotte-Mecklenburg. It builds on Living in the Shadows, An Assessment of Homelessness completed in 2000 and Out of the Shadows, a broad strategic plan developed by a community task force in 2002 with input from well over 125 participants. MORE THAN SHELTER! includes ten-year implementation strategies driven by the Out of the Shadows vision and goals as well as a discreet number of specific and immediate priority actions to take in FY07-08.*

*A Way Home was engaged by the City of Charlotte and Mecklenburg County to facilitate the process for developing this implementation plan. Planning Consultant Carol Morris worked with A Way Home and three diverse stakeholder committees charged with identifying priorities for action. Additional input was provided by service providers within the Homeless Services Network, consumers and others.*

*The plan and priorities for action will be updated annually through an inclusive priority setting process.*

## Making the Big Shift...What We Must Do

*More Than Shelter!* provides ten-year strategies and immediate actions Charlotte-Mecklenburg can and must take to begin shifting our community response to homelessness. The focus is on three main implementation goals:

### ***MORE THAN SHELTER!* IMPLEMENTATION GOALS**

- GOAL 1: HOUSING:** Get homeless families and individuals into appropriate and safe permanent housing as soon as possible;
- GOAL 2: OUTREACH AND ENGAGEMENT:** Link chronic homeless to housing, treatment and services through intensive outreach and engagement; and
- GOAL 3: PREVENTION:** Promote housing stability for those families and individuals most at-risk of becoming homeless.

### **Get Homeless Families and Individuals into Appropriate and Safe Permanent Housing**

The first and most critical step toward getting families and individuals appropriately housed is to expand our supply and access to affordable housing, in particular supportive and service-enriched housing. **This implementation plan calls for creating 2,500 supportive and service-enriched housing units over the next ten years**—500 supportive units for chronically homeless men and women and 2,000 service-enriched units for families and individuals. Creating new units doesn't necessarily mean building new units. We have an estimated 7,000 vacant rental units existing in our community, most of which are not affordable for low income households. A portion of our housing need could be met through rental subsidies and rehabilitation of some of these surplus units. A Way Home, in partnership with others and based on national models, has developed a model for creating 200 service-enriched units within our existing housing stock, reflecting a cost of between \$30,000 and \$35,000 per unit. As part of this model, service agencies have identified ways in which they could coordinate existing resources to provide services to residents living in the units.

**The immediate action is to pilot this model for 200 service-enriched units for families in FY07-08 and to continue looking for opportunities to replicate it in future years.** Developing a similar model for supportive housing is also recommended as an immediate action to take in FY07-08, with the intention of creating 50 units in FY09. If we can position the community to create an average of 250 units of supportive and service-enriched housing each year, we will reach our ten-year goal. Other strategies we will pursue to advance the goal of getting people into appropriate and safe permanent housing as soon as possible include:

- **Developing new sources of short and long-term housing subsidies** to enable people to move into and retain housing;
- **Expanding community-based case management services** that embody a coordinated "wrap-around" service approach that helps residents of service-enriched housing reach their goals for self-directed living;
- **Developing systems integration strategies** to ensure that mainstream services such as public assistance programs, employment training and placement, health care and mental health and substance abuse treatment are streamlined to provide access to residents living in supportive or service-enriched housing; and
- **Incorporating housing assistance centers and rapid re-housing strategies and processes into the overall homeless support system** to quickly assess housing and services needs of those experiencing homelessness and provide links to permanent housing.

## Link Chronically Homeless to Housing and Services through Outreach and Engagement

Approximately 15% of Charlotte-Mecklenburg's homeless population is considered chronically homeless. The challenges and obstacles facing this population can be significant. They are more likely to suffer chronic physical health conditions and/or mental illness and substance abuse addiction, as well as use public services (e.g. hospital emergency rooms, mental health facilities, jails) significantly more frequently than other homeless individuals. They also experience significantly higher rates of violence and victimization.

Because of these challenges, it is more difficult to engage the chronically homeless and link them to housing and services. But, the economic case can easily be made for helping chronically homeless men, women and families leave the streets, stop cycling in and out of shelters and get into appropriate permanent housing when considering the disproportionate costs often associated with this population--- reliance on shelters, emergency medical care, judicial and correctional services, chemical dependency treatment, foster care services and other publicly funded programs.

To get people who are chronically homeless into appropriate, safe housing, we must step up our outreach and engagement efforts. Outreach and engagement are critical for building trust and opening doors to help those living on the street or cycling in and out of emergency shelters. The Urban Ministry Center is doing an exemplary job of reaching out to homeless men and women who come to their facility on North Tryon Street. Service providers and volunteers working at the Men's Winter Shelter also attempt to reach out to and connect with men who live on the streets but come to the shelter during the winter months. The only street outreach, however, is done by two social workers from the ACCESS program who attempt to connect with dually diagnosed (mental illness and addiction) men and women living on the streets. Homeless Support Services social workers also reach out to people living on the streets, camps and other outdoor locations; however their street outreach is limited.

To step up outreach and engagement in Charlotte-Mecklenburg, **this implementation plan calls for creating additional low-demand shelter options for chronically homeless men and women as a means of engaging people and ultimately linking them to housing, treatment and services.** (Low demand implies that as long as a person meets minimal requirements such as being non-violent, he or she can seek shelter, no questions asked.) Creating safe, supportive environments that may draw in the more challenged chronic homeless population will increase opportunities for outreach and engagement. This philosophy has successfully guided the work of the Urban Ministry Center, which is only open during the day. What's currently missing is the low-demand shelter to provide a safe place for people to sleep at night.

Specifically, the plan recommends creating **200 year-around, low demand shelter beds for men and 50 low demand beds for women.** It also calls for establishing **two to three small safe havens** for chronically homeless men and women living on the streets who are suffering from severe and persistent mental illness. Most communities of our size have such safe harbors for mentally ill people who are potentially endangered by living on the street.

Other strategies for reaching out to engaging people who are chronically homeless include:

- **Streamlining and improving access to SSI (Supplemental Security Income and Disability Insurance) and Medicaid benefits,** which can be a lengthy and difficult process, particularly for people with no address, mental illness and other barriers. In many cases, these benefits could be the life-line for chronically homeless individuals with significant disabilities;
- **Developing non-traditional approaches** to connecting chronically homeless to mental health, substance abuse and health services; and
- **Expanding jail diversion strategies** for chronic offenders charged with public inebriation to reduce the strain and costs on the criminal justice system and to link offenders to intervention services.

The plan identifies a number of immediate and initial steps for moving this outreach and engagement agenda along in FY07-08.

## Prevention: Promote Housing Stability for Those Most At-Risk of Homelessness

Our strategy to rapidly move homeless people into permanent housing will not work unless we are simultaneously doing all we can to prevent new families or individuals from becoming homeless. Otherwise, it will be like bailing water out of a boat and not fixing the leaks.

Multiple, linked factors can lead to a person or family becoming homeless, which makes prevention more challenging and housing stability more precarious. Losing a job, dealing with an illness, having a car break down or getting behind with payday loans might be the final blow that pushes an already vulnerable family or individual out the door. Divorce, domestic violence and other family issues may also catapult someone into homelessness as might personal issues with substance abuse, mental illness and/or poor decision making. Increasingly, homelessness has become a symptom of poverty and the growing gap between income and the cost of living. And then there are the men and women who are being released into homelessness from institutions such as jails, mental health and treatment facilities, hospitals and foster care.

While the underlying issues of poverty and disadvantage certainly need to be addressed, **we need to be strategic and target our limited prevention resources on those families and individuals at greatest risk of becoming homeless** including:

- Teens aging out of foster care;
- Families seeking financial and other assistance at Crisis Assistance Ministry on more than one occasion;
- Families who lose their housing as a result of evictions, code violations, or other public action;
- Victims of domestic violence; and
- People being discharged from prison, jail, hospitals, mental health facilities and other institutions.

The ten-year prevention strategies outlined in this implementation plan include:

- **Expanding the role of Crisis Assistance Ministry as a “one-stop” support center for families and individuals susceptible to becoming homeless.** An expanded center would provide a broader range of services than currently is offered at Crisis such as on-site and/or linked eviction and foreclosure related legal assistance, in-depth financial/credit education and counseling, benefits eligibility counseling and application, and housing case management and referral services. This is the place where thousands of vulnerable families and individuals come each year to stave off eviction and utility cut-offs. For good or bad, the agency has a “captive market”, and therefore, is a logical place for service expansion.
- **Expanding the capacity of mainstream service agencies to screen and assess their clients for risk factors for becoming homeless** through development of a web-based screening and assessment tool.
- **Developing and concentrating community-based prevention strategies and education in neighborhoods** where high numbers of homeless people have come from and/or most of the requests for emergency financial assistance and/or evictions emanate.
- **Stopping the discharge of people into homelessness from institutional settings,** including jails/prisons, mental health and substance abuse treatment and detoxification programs and foster care, by developing discharge planning policies and plans based “zero tolerance” for discharging people into homelessness. This includes expanding housing options, particularly for youth aging out of foster care.
- **Providing additional emergency beds and transitional housing for victims of domestic violence** so they receive the specialized support they need to help prevent further abuse and longer-term homelessness. (A large number of women and children fleeing domestic violence (DV) seek shelter at the Salvation Army because the Shelter for Battered Women only has 29 beds and regularly turns women away. The Salvation Army is not equipped to provide DV-related support.)

A number of immediate actions to begin exploring/implementing these strategies are proposed for FY07-08.

## What's Essential for Successful Plan Implementation?

### **Establish a Dedicated Funding Source to Sustain Efforts**

Lessons learned from communities underscore the importance of establishing a dedicated source of funding to sustain efforts to create affordable and appropriate housing opportunities for homeless men, women and children. Establishing a dedicated source of funding to help end homelessness and provide workforce housing should be a top implementation priority for Charlotte-Mecklenburg. We should explore options and take action to establish such a fund within the next year or two. Based on the success of other communities, key options to consider should include a real estate/land transfer tax, a non-profit affordable housing foundation or endowment and/or affordable housing bonds. A Ten-Year Plan Funders' Collaborative should be established to focus on resource development and identifying common funding priorities.

### **Create a Leadership/Accountability Structure**

Creating the necessary leadership/accountability structure is essential to ensure coordination, oversight and accountability for execution of this plan at both policy (strategic) and operational (tactical) levels. Without such a structure, we will have limited success. The proposed structure would include:

1. **Establishing a high-level Ten-Year Plan Board of Advisors** appointed by City Council and the Mecklenburg Board of County Commission to provide advice on annual implementation priorities and to identify and help facilitate opportunities to help lift up and support the plan through resource development, partnership building, advocacy and the building of community/political will.
2. **Officially designating A Way Home as the manager and coordinator of the ongoing development and implementation of the ten-year plan.** A Way Home is the logical entity for this role in that the Out of the Shadows Task Force called for the creation of this organization in large part, to focus on system-wide strategic planning and coordination of plan implementation. The Task Force recommended that the organization should, at a minimum, have a three-member staff. However, since the start-up of A Way Home in 2003, the organization has been operating with only a Board of Directors and an Executive Director. Without additional resources, A Way Home cannot take on full accountability for managing and coordinating the plan's implementation.
3. **Developing/adopting a joint resolution among key entities and stakeholders** throughout the community to support implementation of the ten-year plan, and developing a memorandum of understanding (MOU) outlining roles and commitments for involvement in its execution. This should also include establishing partnerships with local colleges and universities to support the work.
4. **Designating a community champion for each of the three goal areas**---housing, outreach/engagement and prevention---to lead Action Teams consisting of community representatives and stakeholders that would provide leadership and support for implementation activities related to their respective goals.
5. **Bringing the champions of the three oversight teams together quarterly** with the Director and Chairperson of A Way Home, the Chairperson of the Homeless Service Network, the City of Charlotte Neighborhood Development Director, a representative from the County Manager's Office and other key players to serve as the **Ten-Year Plan Operational Leadership Team**.

### **Focus on Data Collection and Measurable Results**

Success with the implementation of this plan will require that we focus on achieving specific and measurable results. To this end, we must:

1. **Collect comprehensive, system-wide data** and organize it into an analytical framework that will allow us to track changes over time and make informed decisions about future action; and
2. **Develop specific, measurable outcomes** aligned with the implementation goals and strategies and then monitor and evaluate them on an annual basis.

## **☑ Continue to Build Political and Community Will for Action**

Ending homelessness is humane, makes economic sense and is achievable. To successfully implement this plan, we must build the political and community will to devote the necessary human, financial and political resources to solving the crisis. If we continue to ignore the call for action, our crisis will only worsen, more lives will be ruined and the costs and embarrassment to the community will multiply. To build this will, we must continually educate the public and our leaders about the desperate situation thousands of homeless men, women and children find themselves in every year and about the strides we are making to move toward long-term, cost effective solutions. **We can and will succeed!**

# INTRODUCTION: WE NEED TO SHIFT OUR COMMUNITY RESPONSE--NOW!

As Charlotte-Mecklenburg's population grows each year and our relative supply of affordable housing decreases, we continue to see the numbers of homeless families and individuals swell in our community. Over 5,000 people are homeless in Mecklenburg County on any given night as are tens of thousands annually. The scope of the problem has become too large and the causes too complex to continue working from an institutionalized, agency-driven system that relies heavily on emergency shelters and crisis management.

The evidence supporting a shift in the way we are responding to this growing and tragic crisis is compelling. While many effective programs are in place to support homeless individuals and families, they, collectively, have not been sufficient in the face of the growing problem to effectively reduce or end homelessness in Charlotte-Mecklenburg. Currently, we can only attempt to manage the problem, with little capacity to address root causes.

We must turn our attention to more **cost-effective, permanent solutions** that focus on getting chronically homeless and other homeless individuals and families into housing faster and helping them stay housed by providing resources to help deal with root issues. Unless we begin to create this shift now, the problem will become much more challenging and expensive to deal with as time goes on. No one in our community should suffer through the reality of homelessness, a reality most of us cannot begin to imagine.

In 2002 the Out of the Shadows Task Force underscored four key reasons why addressing our homelessness crisis more aggressively is important to the community. These reasons remain true today:

- The state of homelessness and how the community responds to it reflect who we are as a community and what we value most. Community values factor into business and personal decisions about being part of the Charlotte community.
- Investing in efforts to help people get into permanent housing or to prevent a person from becoming homeless is cost-effective in the long-run.
- The future health and productivity of children experiencing homelessness are at stake. Investing in efforts to address the needs of homeless families with children is an investment in the community's future.
- Homelessness can happen to anyone. Ensuring that support exists to help our own family members, friends or even ourselves in a time of crisis is important, even if we don't think it could ever happen to us.

## Our Worsening Crisis

- Our shelters exceed their capacities almost every night, regularly turn people away and have little capacity for addressing root causes. **Between 2003 and 2005, the Uptown Shelter saw a 28% increase in usage and the Salvation Army saw a 14% increase**, with a total of 3,758 residents in 2005 between the two shelters.

- The length of time people experience homelessness and are staying in emergency shelters is increasing, creating **more system-wide backlogs** than ever before.

- **An increasing number of individuals and families experiencing homelessness are among the "working poor"** who do not earn enough to afford and keep their own housing. Forty to 76% of adults living in emergency shelters in 2005 were employed:

Salvation Army Center of Hope	58 %
Uptown Shelter	58 %
Charlotte Emergency Housing	94 %
Shelter for Battered Women	40-50 %

- **More than 1,800 homeless children currently attend our public schools**---enough children to fill four elementary schools or one large high school. The number of kids living in shelters or transitional programs in 2005 were:

Salvation Army Center of Hope	1,198 kids
Charlotte Emergency Housing	107
Hope Haven	11
Shelter for Battered Women	202

- A record-breaking number of families and individuals in crisis are seeking emergency financial assistance and/or other support to keep them from losing the roof over their heads. **In 2005, Crisis Assistance Ministry saw a 30 year high in requests for assistance.** (50,400 individuals /15,000 families served in 2005)

- **A deficit of 11,272 affordable units** existed for extremely low income households in Mecklenburg County in 2004; the deficit is projected to grow to 17,000 by 2010.

- Eviction rates are increasing each year in Mecklenburg County. **In 2000, 30,501 eviction notices were filed compared to 37,120 in 2005, an 18% increase.**

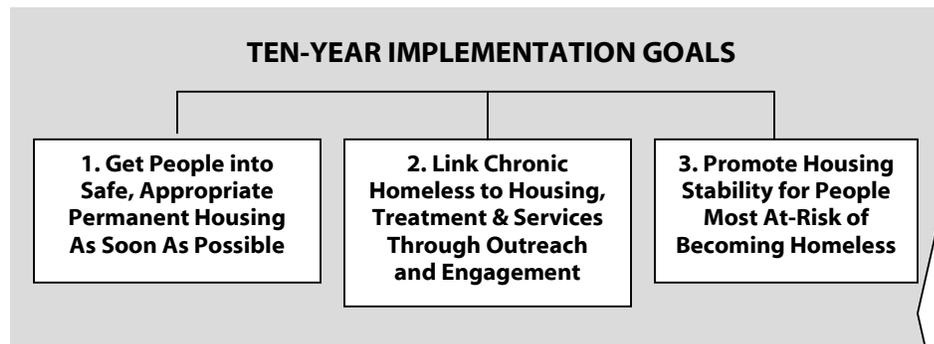
- Long waits for public and Section 8 housing remain in Mecklenburg County. As of September 2006, **2,500 families remain on the waiting list for public housing and 206 families for Section 8 housing.** The list has been closed for several years.

- Domestic violence, one of the leading causes of homelessness among women, is on the rise in Mecklenburg County. **Charlotte-Mecklenburg Police saw a 26% increase in DV-related 911 calls between 2001 and 2005.**

- Health care costs continue to rise, along with the number of people without health insurance. **Acute and/or chronic health issues are a leading cause of homelessness.**

- **Fifty to 60 children age out of foster care each year in Mecklenburg County.** Studies show that ¼ of young adults will be homeless for at least one night within two to three years of leaving foster care.

*More Than Shelter!* provides immediate steps we can take to begin creating long-term solutions aimed at ending homelessness---one person/one family at a time. It provides both ten-year strategies and specific one-year (FY07-08) priority actions that will be updated annually. The focus of the plan is on: 1) Getting people into appropriate housing as soon as possible; 2) Linking chronic homeless men and women to housing, treatment and services through intensive outreach and engagement; and 3) Promoting housing stability for those families and individuals most at-risk of becoming homeless.



As we press ahead each year in taking action on these implementation goals and setting priorities, the planning assumptions listed below will continue to guide our work.

**Key Assumptions for Planning**

- 1. We can eliminate homelessness.** If we are strategic in our efforts and focus on the symptom that is a lack of housing, no one needs to be homeless beyond the few days of transition and intervention.
- 2. All homeless people and their circumstances are not the same,** although the lack of housing is the same. With active and diverse housing options we can develop accompanying intervention strategies based on the fact that no single solution exists.
- 3. We must acknowledge and address both the societal and personal dimensions of homelessness** in order to deal with the issue effectively.
- 4. Success is difficult to measure when dealing with homelessness.** One person's success might mean coming inside at night or taking medications for mental illness. For another, it might mean moving into a new apartment and getting a job.
- 5. Resources to address all of our community's social challenges are finite.** Therefore, in addressing homelessness, we must be selective in how and where we invest resources, look critically at how we are currently managing our existing resources and continually seek alternative funding. It is essential that we create a **dedicated source of funding** to create new affordable housing opportunities.
- 6. Our success in implementing this plan will be dependent upon unprecedented collaboration and unified support** from elected officials, the faith community, public and non-profit service providers, philanthropic organizations and the public at-large. Stakeholders will need to move beyond their parochial concerns and recognize that collective action toward a unified approach is essential.

**Key Goals From Out of the Shadows**

- *Create a stronger safety net to prevent any more families and individuals from losing their housing and ending up on the streets or in shelters.*
- *Accelerate the movement of people from homelessness to stability in permanent housing.*
- *Provide more long-term solutions for chronically homeless individuals and families that will keep them safe and help them achieve their highest level of self-directed living.*
- *Break the generational cycle of homelessness so that children who have experienced living in homeless families will see options for*

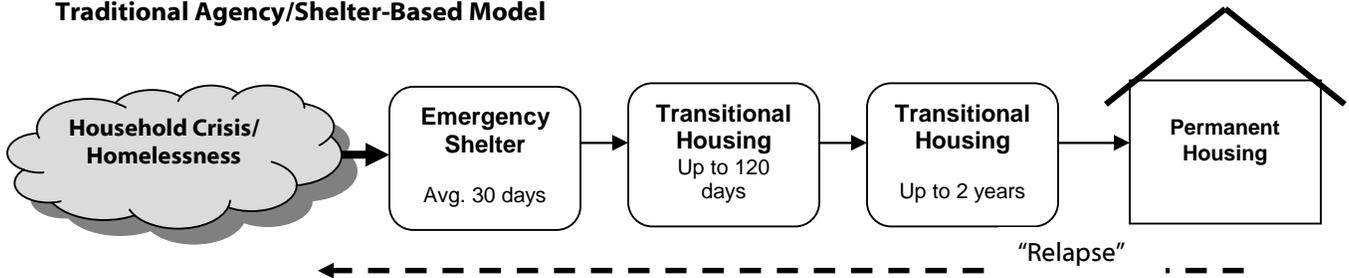
# TEN-YEAR IMPLEMENTATION STRATEGY

## GOAL I: Get Homeless Families and Individuals into Safe, Appropriate Permanent Housing As Soon As Possible

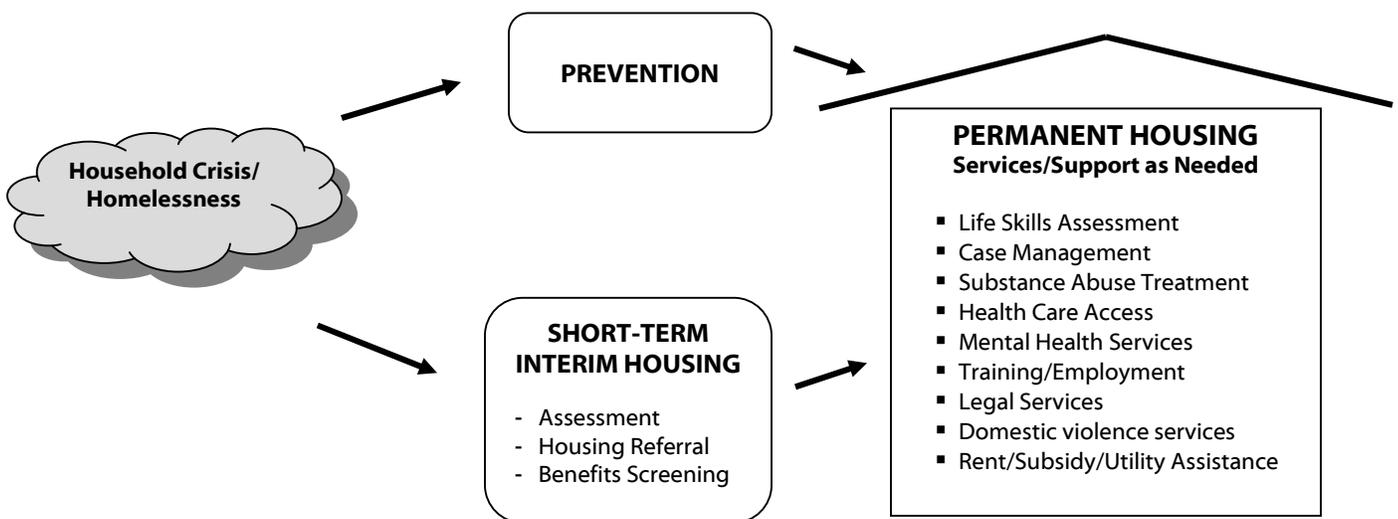
There is no “magic bullet” for ending homelessness. However, the experience and success of other cities tell us that a comprehensive and deliberate re-orientation of our delivery system is needed to shift the focus away from the traditional shelter-based model to a rapid housing/re-housing model that centers on quickly moving people from the streets and shelters into appropriate and stable long-term housing.

The traditional shelter-based model often results in people shuffling from shelter to shelter and agency to agency and then, in many cases, ending up back on the street or cycling in and out of homelessness. The rapid re-housing model is designed to prevent this from happening by getting people into permanent housing first and then, based upon the resident’s needs and desires, providing support services that promote stable living and greater self-sufficiency, either on-site or linked to services off-site.

### Traditional Agency/Shelter-Based Model



### Rapid Housing/Re-Housing Model



In addition to conventional affordable rental housing, “**supportive**” and “**service-enriched**” housing must be developed to implement the rapid re-housing concept. These two housing models are closely related and often loosely defined, with supportive housing programs generally offering a wider array of services on-site, and service-enriched housing programs depending more on linkages to outside programs. Supportive housing lends itself to the chronic and/or disabled homeless population that requires a higher level of services and support. Service enriched housing is typically best suited for individuals or families that are transitionally or episodically homeless as a result of economic setbacks or other non-disabling reasons, or individuals and families who are at great risk of losing their housing.

### Typical Types of Supportive and Service-Enriched Housing

- Single-site residences with on-site services for individuals and families with special needs;
- Single-site residences with on-site or off-site services for a mixed tenancy with varied levels of service needs;
- Scattered-site apartments with visiting services; and
- Affordable housing developments with strong linkages to community-based services and referral programs available for tenants.

### Subgroups Within the Homeless Population

- **Transitional Homeless** – Individuals or families who experience a single episode of homelessness that is relatively short and often occurs in times of economic hardship, temporary loss of housing and/or as a result of domestic violence. Those in this category are more likely to respond to services and support and secure some type of housing fairly quickly.
- **Episodic Homeless** – Individuals or families who move in and out shelters on a fairly regular basis. They may spend time in and out of treatment facilities or jail as part of their cycles of homelessness. The level of support needed to help these individuals or families stabilize in housing will likely be greater than for the transitional homeless, but with the appropriate support, they can succeed in housing of their own.
- **Chronic Homeless** – Individuals or families who have been homeless for a year or more or have a pattern of extended periods of being homeless over a number of years. Chronic homeless persons are more likely to have serious mental illness, often along with substance addiction, unstable employment histories and histories of hospitalization or incarceration. Greater levels of support will be needed to help these individuals or families stabilize in housing.

Source: Dennis Culhane, University of Pennsylvania

With these models, there is a separation of tenancy from services. Typically an “assertive community treatment” approach to services is taken, which involves a multi-disciplinary team with expertise in areas such as health care, mental health or addiction issues providing comprehensive services. This team is responsible for helping link residents to resources, thus the housing is “linked” to the services in an integrated and coordinated manner. The goal is to assist those who can help themselves take as much personal responsibility for their self-sufficiency as possible. For those who need on-going support to address severe and chronic disabilities, service delivery partners would focus on helping them achieve their highest level of self-directed living.

Critical to the success of the rapid housing/re-housing model, the recipient must be engaged to participate in the process without the threat of losing his or her housing for noncompliance. Like any tenant, the housing is dependent upon compliance with the terms of the lease agreement and is separate from the services contract. Residents sign contracts that delineate enforceable expectations as a condition of tenancy. Contracts include adherence to house rules, good neighbor policies, commitment to personal recovery, employment and accompanying education, counseling, training and other community supports that assist individuals’ move to self-sufficiency. (In some cases there is a link to the rental subsidy involved and certain aspects of the individual’s services action contract, but still a separation from the lease itself.) The linkage between compliance to case management priorities and maintenance of housing will eventually be broken.

### Communities Showing Results With Housing-Based Delivery Models

A number of communities are reporting significant reductions in homelessness among families as a result of launching major initiatives to rework their homeless assistance programs to get families into permanent housing faster. Examples of reductions in family homelessness include:

Columbus	<b>53%</b> reduction between 1997 and 2004
Minneapolis	<b>43%</b> reduction between 2000 and 2004
San Francisco	<b>28%</b> reduction between 2002 and 2005
New York	<b>19%</b> reduction between 2003 and 2006
Westchester County NY	<b>57%</b> reduction between 2002 and 2004

## Cost Savings of a Housing-Based Model

Evidence-based research being conducted across the country shows that shifting to a housing-based model is cost-effective in the long-run due to reduced reliance on shelters and dependence on other publicly-funded systems, such as emergency medical care, judicial and correctional services, chemical dependency treatment and foster care services.

Such comprehensive research needs to be done for Charlotte; however, absent the research, it is clear the potential costs can be considerable when looking at costs often associated with people who are homeless.

### Average Costs in Mecklenburg County

#### Housing a person / family in a shelter:

Uptown Shelter: \$16.50/night--\$115.50/week--\$462/month  
Salvation Army: \$20/night--\$140/week--\$560 a month

Charlotte Emergency Housing:  
\$38/night for a family--\$264/week-- \$1,148/month

#### Housing a person in the County Jail:

\$107/night--\$749/week--\$2,996/month

#### Housing a person in the County Detox Center:

\$118.42/night--\$828.92/week (non-hospital detox)

**Hospital Stay:** \$2,165/night---\$15,155 week (Note: This is the average cost for all patients at Carolinas Medical Center, which provides the majority of indigent care in Mecklenburg County. The cost of indigent care in Mecklenburg County rose to \$135 million in 2006.)

A recent study conducted by the Mecklenburg County Sheriff's Department provides data on the cost of chronic offenders in the county jail, including 33 homeless individuals. The study sample included 81 chronic offenders (arrested at least five times in the last year). The average number of arrests for the 33 chronic homeless offenders was 11.1 (compared to 9.1 for others), and the average length of stay in jail was 86.6 days (compared to 75.2 for others.) This translates into an annual cost to the County of \$9,266.20 per offender or a total of nearly \$306,000 annually. Petty larceny, trespassing, drug and alcohol and public disturbance charges were the most common for this group. Most are not hard-core criminals.

In Charlotte-Mecklenburg, as has been the experience in other communities, it is less expensive to provide housing for homeless individuals in supportive or service-enriched housing than it would be to have them cycling in and out of the jails, shelters and emergency rooms. When we add the cost of people in the housing-crisis mode using other public services such as the emergency room, the detox center and mental health emergency services, the cost savings opportunities multiply. For example, the average monthly housing cost for families seeking financial assistance at Crisis Assistance Ministry is \$685 plus an estimated \$150 cost for utilities. Compared to those in

## RESEARCH ON COST SAVINGS

### Cutting Costs in the Long-Run: The New York City Housing First Cost Study

This 1999 empirical study quantified the extent and costs of service use by homeless persons with mental illness. Researchers from the University of Pennsylvania analyzed the service utilization costs across eight agencies of over 4,500 individuals for two years while they were homeless, and for two years after they were placed in supportive housing (both scattered site units linked to services and more intensive community health residences with on-site services). They compared this group with matched controls---homeless persons with severe mental illness who were not housed.

Before being placed in supportive housing, homeless individuals used an average of \$40,450 per year of publicly-supported services, especially in the health care system. After placement, high cost service usage dropped significantly. Placement was associated with a reduction in service use of \$16,281 per housing unit per year. Annual unit costs for placement are estimated at \$17,277 for a net cost of \$995 per unit per year over the first two years. As a result, the net cost of permanent supportive housing was calculated to be \$1,908 (\$995 for scattered site housing) per unit per year for the first two years.

Researchers note that their findings represent a conservative estimate on the impact on costs, as they did not track all public services used by homeless individuals, including law enforcement and court costs.

*Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing, 2002*

### Cost Savings in Portland

Portland has found cost saving with its Community Engagement Program, a permanent supportive housing program for chronically homeless individuals. Prior to entering the supportive housing program, the 35 individuals utilized an average of \$42,000 in public costs per year. After entering the housing, those individuals each used less than \$26,000, including the cost of housing. This is approximate savings of \$528,000.

### Savings for Homeless Using Medicaid

According to a report in the *New England Journal of Medicine*, homeless people spent an average of four days longer per hospital visit than did comparable non-homeless people -- at a cost of \$2,424 per hospitalization. A recent Corporation for Supportive Housing study in Connecticut compared Medicaid costs for residents for six-month periods prior to and after their move into permanent supportive housing. Costs for mental health and substance abuse treatments decreased by \$760 per service user while costs for in-patient and nursing home services decreased by \$10,900.

the jail study or those living for longer periods in shelters, full subsidy on rental apartments is a positive community business outcome. When we consider that a majority of those experiencing homelessness are working and can pay some portion of their own rent, the numbers become more compelling. If we extend the argument, one of the most cost effective strategies is to keep people from becoming homeless in the first place through more aggressive eviction prevention measures, temporary rental subsidy or in the best case, developing truly affordable, safe, decent housing options with available services.

### **The Cost of Homelessness**

The cost of homelessness is a cumulative measurement of the detriment to the general community, the burden on business, the price of incarceration and burden on the penal system, the increased cost of indigent health care, the diminished health and well being of homeless people, the expense of our current shelter system measured against outcomes. We must then add the loss of a sense of our humanity when any human being lives in intolerable circumstances. We can certainly afford to do better.

## **Converting to a Rapid Housing/Re-Housing Model**

Shifting to a housing-based model will not happen overnight. It will need to be a gradual process, as new sources of affordable housing will be required to make it work. Until sufficient housing is available to support this new model, parallel systems---the old and the new--- must operate simultaneously. We must recognize that people who are homeless are at immediate, personal risk and have a basic right to safe shelter and survival support. Therefore, we cannot shut down current operations. But as more housing options come on line over time, many of the homeless support agencies and services will need to “re-tool” their service delivery protocols and processes to better align with the housing-based model.

For example, emergency shelters will need to be available for just that – emergency shelter, not as a long-term shelter option, which is far-too-often the case because people have no where else to go. And agencies operating transitional housing programs will need to explore ways of converting their transitional housing units to permanent units and/or focus on external service delivery. However, we must also recognize that some who are homeless, for example victims of domestic violence or those participating in residential substance abuse treatment or aftercare programs, may continue benefiting from a transitional housing program before they move into permanent housing to ensure they get the specialized support they need.

Communities that have been trailblazers in converting to a housing-based model have developed tactical plans for making the big shift. For example, as part of the implementation plan for Chicago’s Ten-Year Plan to End Homelessness, a Conversion Task Group was formed to develop a framework to facilitate the gradual transformation of their current homeless delivery system into one that is focused on ending homelessness. Chicago’s “blueprint” for conversion includes:

- Assumptions and guiding principles for conversion;
- Projections on the types of programs and units the Chicago Continuum of Care (CoC) will need when the system is converted;
- Guidance and strategies focused on how the system will need to change over time in order to achieve the long-term system model; and
- A monitoring framework to track system changes over time.

For a successful transition to a housing-based delivery model, Charlotte-Mecklenburg will need to develop a similar tactical guide and identify projected costs associated with such a conversion.

## **Costs and Funding Sources for Creating Supportive and Service-Enriched Housing**

An estimated 7,000 vacant rental units exist in Charlotte-Mecklenburg, most of which are not affordable to our lowest income residents. This surplus of units is a tremendous resource for helping us create housing options for homeless and at-risk families and individuals. Because of this surplus, we may not need to build as many new units to address our housing need. Instead, a good portion of our housing need could be met through rental subsidies and rehabilitation of existing units. (See appendix for proposed model for acquiring existing apartments to convert to service-enriched housing units.)

An estimated \$75-\$90 million would be needed to acquire and fully refurbish 2,500 units and provide the necessary reserve funds and incentive payments to encourage private landlords to make the units available. This amount would also include embedded subsidies for service-enriched housing. Estimated annual subsidy costs for supportive housing for disabled people with little or no income would be approximately \$8,000 per unit

Possible sources of such funding might include a blend of the following:

- Low Income Housing Tax Credits
- U.S. Department of Housing and Urban Development McKinney-Vento funds for homeless programs
- Federal HOME and Community Development Block Grant funds
- US Department of Veterans Affairs funds
- Federal Home Loan Bank funds
- City of Charlotte Housing Trust Fund dollars
- North Carolina Housing Finance Agency and the State's Housing Trust Fund
- Investments from foundations, the United Way, faith-based groups and others
- Funds from the North Carolina Housing Trust fund that could be generated by enactment of a 1% land transfer/real estate tax to be enacted by the General Assembly
- Establishment of a Real Estate/Land Transfer Tax
- Creation of an endowment to provide sustaining funds for housing and/or subsidies
- Affordable housing bonds

Depending upon the scope of services provided, certain additional costs would be incurred by the agencies providing the services. Additional funds will be needed for those agencies' budgets, the amount of which would depend on the scope of services provided. Sources of such service funding could include a variety of existing governmental programs including Shelter Plus Care, Housing for People with AIDS, Community Development Block Grants, the Medicaid and Medicaid Waiver programs, Temporary Assistance for Needy Families (TANF) and state and local general funds.

# Plan of Action for Shifting to a Rapid Housing/Re-Housing Model

## TEN-YEAR STRATEGIES

**Strategy 1: Create 2,500 affordable rental units linked to services** including **500 supportive units** for chronically homeless and disabled individuals and families and **2,000 service-enriched units** for individuals and families who are homeless or at-risk of becoming homeless primarily due to economic challenges and/or lesser disabling conditions.

**Strategy 2: Develop new sources of short-term and longer-term rental subsidies** to enable individuals and families to move into and retain housing.

**Strategy 3: Expand community-based case management services** that embody a coordinated, wrap-around service approach that helps residents of supportive or service-enriched housing reach their goals for self-directed living.

**Strategy 4: Develop systems integration strategies** to ensure that mainstream services such as public assistance (TANF, Medicaid, Social Security, and Food Stamps), employment training and placement, health care, and mental health and substance abuse treatment are streamlined to provide access to residents living in supportive and service-enriched housing.

**Strategy 5: Incorporate housing assistance centers and rapid re-housing strategies into the overall homeless support system**, which will help link those experiencing homelessness to both housing and the associated services they require on an individual assessment-driven, case management, contractual basis.

**Strategy 6: Develop and implement a transition or conversion framework** for gradually shifting resources currently being devoted to the shelter system to the new housing-based model.

## GETTING STARTED....

### IMMEDIATE ACTION STEPS: FY07-08

1. **Pilot a replicable model for service-enriched housing** that results in the creation of **200 units for homeless and at-risk working families** that: a) includes a plan for providing rental subsidies; b) integrates wrap-around, mainstream services for residents; and c) is based on leasing, purchasing and/or rehabbing existing rental units. *(Note: Such a model has already been developed by A Way Home in collaboration with others. (See appendix for model summary.)*

**Key Implementation Partners:** A Way Home, Housing First for Families Advisory Board, Neighborhood Development

**Target:** May 2008

2. **Develop, and prepare to pilot in FY08-09, a replicable model for safe, decent supportive housing** that results in the creation of **50 units for chronic homeless individuals**.

**Key Implementation Partners:** Urban Ministry Center, ACCESS, A Way Home, Neighborhood Development, St. Peter's Homes/McCreesh Place

**Target:** July 2008

3. **Research and evaluate transition/conversion plans and approaches (policies, resource diversion strategies, collaboration building, etc.) being implemented in other cities** that are already transitioning to a housing-based model and begin developing Charlotte-Mecklenburg's conversion plan.

**Key Implementation Partners:** A Way Home, Mecklenburg County, HSN Continuum of Care Committee, local universities/colleges

**Target:** July 2008

## GOAL 2: Link Chronically Homeless to Housing, Treatment and Services Through Intense Outreach and Engagement

The challenges and obstacles facing those who are chronically homeless can be significant. Chronically homeless individuals are more visible and more likely to live on the streets, experiencing longer and more frequent spells of homelessness. They are more likely to: 1) suffer chronic physical health conditions such as tuberculosis, HIV/AIDS, diabetes and hypertension, at a much higher rate than housed individuals. Treatment is difficult without a stable living environment; 2) suffer from mental illness and substance abuse, which may keep them from meeting the requirements of traditional shelters and services; 3) utilize public services (e.g. hospital emergency rooms, mental health facilities, jails) significantly more frequently than other homeless individuals; and experience significantly higher rates of violence and victimization.

**Approximately 15% of Charlotte-Mecklenburg’s homeless population is considered chronically homeless.** While this percentage is low in comparison to the overall homeless population, it is high when considering the health care and social services costs often associated with those living on the street or repeatedly cycling in and out of shelters. National studies have shown that these costs can be disproportionately high. For example, the Boston Health Care for the Homeless Program, a leading service group for the homeless in Boston, recently tracked the medical expenses of a hundred and nineteen chronically homeless people. In the course of five years, thirty-three people died and seven more were sent to nursing homes, and the group still accounted for 18,834 emergency-room visits—at a minimum cost of a thousand dollars a visit.

The University of California, San Diego Medical Center followed fifteen chronically homeless inebriates and found that over eighteen months those fifteen people were treated at the hospital’s emergency room four hundred and seventeen times, and ran up bills that averaged a hundred thousand dollars each. One person came to the emergency room eighty-seven times.

Following in the steps of other communities, **Charlotte-Mecklenburg’s gradual shift to a housing-based model will include helping chronically homeless individuals move into permanent supportive or service-enriched units.** However, getting people to that point may be challenging, hence the need for more aggressive outreach and engagement, the first steps in connecting long-term homeless individuals with the services and support they may need to stabilize. Outreach and engagement help establish rapport between service providers and those living on the street or cycling in and out of emergency shelters, which is critical to building trust and opening the door to help.

### Current Outreach/Engagement Activities in Charlotte-Mecklenburg

Street outreach to the chronic homeless population is limited in Mecklenburg County. Intensive outreach is provided through the County’s **ACCESS Program**, which focuses on reaching out to and providing treatment for dually diagnosed individuals—those suffering from both severe and persistent mental illness and a substance abuse disorder. Two outreach workers from the ACCESS program go into the streets, camps and other places where the chronic homeless typically live in an attempt to meet and engage them, and ultimately, encourage them to come to ACCESS for treatment that may help them stabilize.

**Homeless Support Services**, operated through the County Health Department, has four social workers stationed at various agencies who meet with homeless individuals to do intake and assessment and refer them to services. Most of their work takes place in the agencies where they work; however, occasionally they will go to the streets or camps to engage people.

The **Urban Ministry Center** on North Tryon Street is another effective point of engagement for men and women who experience homelessness, particularly the chronic homeless. Its on-site soup kitchen, laundry facility, mail service and other basic need services and support attract hundreds of people every week. In addition, an RN is on-site at designated times for services, triage and transportation to CW Williams Clinic. People must come to the center for assistance. No traditional street outreach is done through the center.

Creating any significant connection with this fragile population often takes a long time and can be arduous. Many chronically homeless people have experienced our society's failures in unbearable proportions. Even before new supportive housing opportunities come on line, making connections with long-term homeless individuals and families to help link them to available services and keep them safe is important. Living on the streets, particularly for those with severe disabilities, is not safe and can exacerbate mental health or physical health problems.

**Outreach and engagement is not just about going out to the streets and talking with people. It is also about expanding opportunities that attract people who are chronically homeless and that draw them into safe, supportive environments where connections are more likely to be made.** The Urban Ministry Center does this exceptionally well by providing a place where those who may be living on the streets or cycling in and out of shelters may come to get their basic survival needs met---food, showers, laundry, mail, health services etc. In 2005 the Center served nearly 76,000 meals in its soup kitchen. Through the soup kitchen and other activities offered through the Center, volunteers and professional counselors-- including a Homeless Support Services social worker stationed at the center-- have opportunities to connect and build relationships with the homeless "neighbors", many of whom are chronically homeless.

The Emergency Winter Shelter, which opened at its new permanent location on Statesville Road in 2004, is another place where chronically homeless men often go during the winter months. The shelter can house up to 200 men. In addition to providing shelter and an evening meal, volunteers and service providers are available to talk with those staying there and connect them to services and support if desired. Outreach Ministries, which operates a meal program, is another place where people living on the streets or cycling in and out of shelters can connect.

Some of the challenges that may stand in the way of engaging chronically homeless people and/or having them link to services include:

- **Not having a safe, indoor place to sleep when they are challenged to meet the requirements of the existing emergency shelters.** We lack year-around, low-demand shelter beds for homeless men and women, including those with severe mental illness and/or substance abuse addictions. Low-demand implies that as long as a person meets minimal requirements such as being non-violent, he or she can seek shelter, no questions asked. (The Men's Winter Shelter is a low-demand shelter, but is only open during the winter months.)
- **The challenges associated with obtaining benefits** such as SSI (Supplemental Security Income or Social Security Disability Insurance) and Medicaid. Seeking such benefits is a long, drawn out process that is challenging for anyone, but even more so for those living on the streets or cycling in and out of shelters. In many instances, these benefits could be the life-line for chronically homeless individuals with significant disabilities.
- **The difficulty in accessing mainstream health and mental health services** that may help people deal with the underlying health and mental challenges that may be perpetuating and/or causing their homelessness and inability to stabilize. If we are truly interested in reducing our chronic homeless population, improving access to needed services in distributed and unconventional ways will be essential.
- **Having criminal records that stand in the way of obtaining jobs or housing.**

## Plan of Action to Intensify Outreach and Engagement of Chronic Homeless

### TEN-YEAR OUTREACH/ENGAGEMENT STRATEGIES

**Strategy 1: Provide chronically homeless men and women with more safe, low demand shelter options** as a means of engaging them and linking them to housing, treatment and services. This would include:

- **200 year-around beds for men and 50 beds for women** who are challenged to meet the requirements of traditional emergency shelters
- **Two to three small safe havens** that provide short-term, safe accommodations linked to mental health services for homeless individuals with severe and persistent mental illness who are living on the streets.

**Strategy 2: Streamline and improve access to SSI and Medicaid** to help chronic and episodic homeless individuals and families more readily access eligible benefits.

**Strategy 3: Develop non-traditional approaches to connecting chronically homeless individuals with mental health, substance abuse and health services** and distribute geographically as a means of increasing access to much needed services that may help them stabilize.

**Strategy 4: Create supportive housing options** that are available to chronically homeless, disabled men and women, including those with criminal records. (See Housing Strategy for creating 500 supportive housing units for chronic homeless.)

**Strategy 5: Expand efforts to divert unhoused people arrested for public inebriation and nuisance violations from the criminal justice system** to reduce the strain on the system and to link offenders to intervention services.

### GETTING STARTED.....IMMEDIATE ACTION STEPS: FY07-08

1. Take steps to permanently open the Emergency Winter Shelter on a year-around basis and/or identify other options for low-demand shelter beds for men and women.

**Key Implementation Partners:** Emergency Winter Shelter Board, Uptown Shelter, Salvation Army, A Way Home, Homeless Support Services, Neighborhood Development

**Target:** February 2008

2. Develop a model and funding strategy for establishing a small safe haven in Charlotte that can accommodate homeless individuals suffering from mental illness.

**Key Implementation Partners:** Area Mental Health, ACCESS, Uptown Shelter, Salvation Army, A Way Home, St. Peter's Homes/McCreesh Place, Neighborhood Development

**Target:** February 2008

3. Convene a task team of representatives from local and state agencies to: 1) evaluate the processes and requirements for obtaining SSI and Medicaid benefits; 2) recommend and advocate for changes and actions that should be pursued to streamline the processes and/or provide temporary relief such as presumptive disability for those who can meet eligibility requirements; and 3) develop implementation strategies, timeframes and accountabilities. Local and state legislators, as well as our local representatives in Congress, should be called upon to support and advocate for changes.

**Key Implementation Partners:** ACCESS, Homeless Support Services, DSS, County Office of Community Support Services

**Target:** March 2008

4. Create and test the effectiveness of a demonstration initiative through which multiple agencies collaborate and commit, through a memoranda of understanding (MOU), to annually provide a high level of concentrated services and support for 15 chronic homeless individuals, with the stipulation that the 15 individuals will not return to the streets, but instead, will move into stable housing.

**Key Implementation Partners:** Area Mental Health, Mental Health Association, ACCESS, Health Department, Charlotte-Mecklenburg Police Department, United Way, Mecklenburg County Sheriff's Dept., DSS, CW Williams

**Target:** August 2008

5. Research and evaluate jail diversion programs for chronic offenders (inebriation, public nuisance) established in other communities to identify possible local application.

**Key Implementation Partners:** Sheriff's Department, Charlotte-Mecklenburg Police, NC District Court, Area Mental Health, local universities and colleges

**Target:** February 2008

## Goal 3: Prevention: Promote Housing Stability for Families and Individuals Most At-Risk of Becoming Homeless

**Preventing a family or individual from becoming homeless in the first place is strategically the most powerful front-line of defense for ending homelessness.** The increasing number of families and individuals experiencing homelessness in our community reveals the weaknesses of our safety net for those at-risk of losing their housing. Our safety net is not strong enough to keep people from ending up on the streets, living in shelters or weekly motels or temporarily doubling or tripling up with family members or friends. We must become more aggressive with our prevention efforts to strengthen this important net and catch more people before they fall through.

A myriad of interlinked factors can lead to a person or family becoming homeless, which makes prevention more challenging. Losing a job, dealing with an illness, having a car break down or getting behind with payday loans might be the final blow that pushes an already vulnerable family or individual out the door. Divorce, domestic violence and other family issues may also catapult someone into homelessness as might personal issues with substance abuse, mental illness and/or poor decision making.

**Increasingly, homelessness has become a symptom of poverty and the growing gap between income and the cost of living.** Due to high housing costs, people are paying a disproportionate share of their income on housing. **Twenty-eight percent (28%) of renter households in Mecklenburg County pay more than 30% of their income**

**on rent, and 16% are paying 50% or more.** As shown on the Living Income Standard chart above, a single mother with an infant and a preschooler would need to earn \$21 an hour to meet a bare-bones budget. To meet their monthly expenses, a two-parent family with an infant and preschooler would need a combined wage of \$24 per hour. Considering the fact that many people earn little more than the minimum wage in our large service-based economy, it is not difficult to understand why people fail to keep up with their monthly expenses and end up homeless. (The minimum wage in North Carolina is currently \$6.25 an hour.)

<b>2005 Living Income Standard (LIS) for Mecklenburg County</b>		
<b>Monthly Expenses</b>	<b>Adult, Infant and Preschooler</b>	<b>Two Adults, Infant and Preschooler</b>
Housing	\$695	\$917
Food	\$359	\$617
Child Care	\$1,084	\$1,084
Transportation	\$319	\$490
Miscellaneous	\$327	\$475
Taxes	\$507	
<b>INCOME</b>		
Monthly LIS	\$3,640	\$4,405
Annual LIS	\$43,680	\$52,860
Federal Poverty Threshold (FPL)	\$14,680	\$21,959
Annual LIS>FPL	\$28,865	\$30,901
LIS as % of FPL	2.95%	2.4%
<b>WAGES</b>		
LIS Wage Per Parent	\$21 hr	\$12 hr
Source: NC Justice Ctr.		

### Common Prevention Resources

Strategies aimed at promoting housing stability for vulnerable populations typically focus on:

- **Cash assistance** through emergency rental and utility assistance to avert eviction or loss of utilities, monthly subsidies, rent deposit support and short-term payments for people with disabilities while waiting for SSI;
- Access to **Individual Development Accounts (IDAs)** through the Department of Social Services to save for home down payment and financial education;
- **Legal assistance and mediation services** to help renters faced with eviction and homeowners faced with foreclosure preserve their tenancy;
- **Housing retention education and counseling**, including financial literacy training and credit counseling;
- **Housing case management**; and
- Income growth and stabilization through **enhanced employment and benefits**.

Improving discharge planning from institutions such as jails and prisons, hospitals, mental health treatment facilities or foster care is also a major strategy for preventing homelessness. People released from institutions often end up living on the streets or in emergency shelters, a major challenge in Mecklenburg County.

The prevention resources currently available in Charlotte-Mecklenburg are effective. However, they are inadequate to deal with the growing number of families and individuals living paycheck to paycheck. **We must do more if we want to stop the flow of people falling into homelessness. If we don't, it will be like bailing water out of a boat and not fixing the leaks.**

Ideally, it makes sense to take on the more universal issues of poverty to prevent homelessness ---lack of education, lack of access to opportunities, poor nutrition and health, living wages etc. However, this global agenda is much too large to tackle. While the underlying issues of poverty and disadvantage certainly need to be addressed, **we need to target our limited prevention resources on those families and individuals at greatest risk of becoming homeless** and easiest to find and reach out to because of their ties to existing programs, agencies or institutions. While several subgroups might fit these criteria, we will target:

- Teens aging out of foster care;
- Families seeking financial and other assistance at Crisis Assistance Ministry on more than one occasion;
- Families who lose their housing as a result of evictions, code violations, or other public action;
- Victims of domestic violence; and
- People being discharged from prison, jail, hospitals, mental health facilities and other institutions.

We also need to take a more comprehensive view with our prevention efforts by creating stronger linkages and partnerships between those agencies and organizations focusing specifically on homelessness prevention and mainstream resources including mental health, alcohol and substance abuse services, healthcare, social services and neighborhood services. In the long-run, stepping up our efforts to prevent homelessness will prove to be a cost effective solution.

### **Key Prevention Resources in Charlotte-Mecklenburg**

In Charlotte-Mecklenburg, **Crisis Assistance Ministry** is the primary resource for families and individuals who are in imminent danger of losing their housing. In 2005, the agency served over 50,000 individuals, including nearly 15,000 families. The average gross monthly income of those families served was \$887, with 85% of income spent on rent, utilities and food. In 2005, the agency provided approximately \$6 million in emergency assistance to prevent eviction or loss of utilities, in addition to clothing and furniture. It also piloted a new rental deposit program.

The **Department of Social Services (DSS)** is also a major player with prevention through its benefits programs—food stamps, Work First, Cash Assistance, and Medicaid--- as well as asset building through IDAs. Without this support many low income families would not be able to afford their rent. In 2005, DSS had a record high number of food stamp and Medicaid clients.

**Legal Aid of North Carolina and Legal Services of the Southern Piedmont** provides legal assistance for low income residents dealing with landlord-tenant eviction. The case loads of these agencies are far greater than they handle. In addition, the **Charlotte-Mecklenburg Community Relations Committee (CRC)** mediation services to help resolve conflicts between landlords and renters who have been evicted from their homes.

In addition to managing public and Section 8 housing, the **Charlotte Housing Authority (CHA)** provides counseling/support to help families become economically independent and able to retain housing on their own as they transition from public housing.

**Charlotte-Housing Partnership (CMPH)** provides homeownership counseling for recipients of CMPH loans to help them avoid foreclosures.

The **City of Charlotte Neighborhood Development** provides a number of housing resources for low income residents, including low interest loans.

**Community Link** provides housing case management and counseling for low income residents associated with various housing programs.

**Energy Committed to Offenders (ECO)** provides employment counseling and other services to recently released inmates from prison and jails. This is a population at great risk of becoming homeless.

The **Mecklenburg County Veterans Office** works with veterans to help them obtain benefits and other support. Ten to 15% of homeless are veterans.

**United Family Services** provides financial literacy education as well as credit counseling. The agency also serves victims of domestic violence along with the **Mecklenburg County Women's Commission**.

Goodwill Industries, JobLink Centers, Urban League, Vocational Rehab, Charlotte Area Fund and others provide employment training and placement.

## Plan of Action to Promote Housing Stability with At-Risk Populations

### TEN-YEAR PREVENTION STRATEGIES

- Strategy 1: Expand the role of Crisis Assistance Ministry as a “one-stop” center/clearinghouse for individuals and families at-risk of becoming homeless.** This would include such additions as on-site and/or linked eviction and foreclosure related legal assistance, more in-depth financial/credit education and counseling, benefits eligibility counseling and application and housing case management and referral services. Establishing a 24-hour prevention and referral Hotline coordinated with 2-1-1 should also be explored as part of this expansion, as well as opportunities to expand mobile assessment and support capabilities.
- Strategy 2: Expand the capacity of mainstream service agencies to screen and assess their clients for risk factors of becoming homeless** through the development of a web-based screening and assessment tool.
- Strategy 3: Develop and concentrate community-based prevention strategies and education in neighborhoods where high numbers of homeless people have come from and/or most requests for emergency financial assistance and/or evictions emanate.** Such neighborhoods or housing developments can be identified by tracking the former addresses of homeless people and addresses of those who are at imminent risk of becoming homeless. Eviction prevention, financial literacy and other services and support to stave off homelessness could then be targeted to residents in these areas.
- Strategy 4: Develop and implement “zero tolerance” discharge planning policies, protocols, plans, housing support and housing options for individuals leaving institutional settings** including jails/prisons, mental health and substance abuse treatment and detoxification programs and foster care.
- Strategy 5: Provide additional emergency beds and transitional housing for victims of domestic violence** so they get the specialized support needed to prevent further abuse as well as longer-term homelessness. (A large number of women and children staying at the Salvation Army’s Women Shelter are fleeing domestic violence, but the shelter is not equipped to provide DV-related support. The Shelter for Battered Women has only 29 beds and regularly turns women away.)

### GETTING STARTED....IMMEDIATE ACTION STEPS: FY07-08

- 1. Convene a multi-agency task team** to develop a model and phased implementation plan for expanding and centralizing services and linkages for clients at Crisis Assistance Ministry.  
  
**Key Implementation Partners:** Crisis Assistance Ministry, United Way, United Family Services, DSS, Neighborhood Development, Legal Aid, Legal Services, Community Link  
**Target:** March 2008
- 2. Collect address data** to identify neighborhoods where high concentrations of homeless people and evictions come from, and develop a demonstration initiative to target eviction and other prevention resources in one area.  
  
**Key Implementation Partners:** Neighborhood Development, Crisis Assistance Ministry, United Family Services, CRC, local universities/colleges  
**Target:** June 2008
- 3. Establish discharge planning processes and protocols** within the Mecklenburg County Jail to reduce the number of inmates being released to the streets and shelters and to reduce the rate of recidivism.  
  
**Key Implementation Partners:** ECO, Sheriff’s Department, Charlotte-Mecklenburg Police  
**Target:** July 2008
- 4. Develop and implement a faith-based, scattered site housing model** for youth (ages 18–23 years old) who are aging/have aged out of foster care.  
  
**Key Implementation Partners:** DSS, Neighborhood Development, Mecklenburg Ministries  
**Target:** March 2008
- 5. Conduct a feasibility study** for providing additional emergency and transitional housing for victims of domestic violence, and develop a plan of action to begin creating additional accommodations.  
  
**Key Implementation Partners:** United Family Services, Mecklenburg County Manager’s Office  
**Target:** March 2007

# WHAT'S ESSENTIAL FOR SUCCESSFUL PLAN IMPLEMENTATION?

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## **Establish a Dedicated Funding Source to Sustain Efforts**

Lessons learned from other communities underscore the importance of establishing a dedicated source of funding to create affordable and appropriate housing opportunities for homeless men, women and children, as well as working families who are most at-risk of becoming homeless. This should be a top implementation priority. We should explore options and take action to establish such a fund within the next year or two. Based on the success of other communities, key funding options to consider should include a real estate/land transfer tax, a non-profit affordable housing foundation or endowment and/or affordable housing bonds.

In conjunction with the research and deliberation on a dedicated funding source, we need to get a clear sense of the costs for implementing this plan and what our funding priorities should be. The following are immediate actions we will take to focus on funding issues.

### IMMEDIATE ACTIONS TO TAKE IN FY07-08

- **Implementation Costs:** Where possible, estimate the cost of the corresponding strategies/actions identified in this plan and develop a budget to implement and sustain these actions.

**Key Partners:** A Way Home, Neighborhood Development, Mecklenburg County Manager's Office  
**Target Date:** July 2007

- **Funders' Collaborative:** Establish a Funder's Collaborative consisting of public and private funders whose purpose will be to: 1) identify opportunities for expanding existing resources and creating new resources for funding implementation of the plan, including development of a dedicated funding source, and 2) focus on establishing common funding priorities to provide a unified front for implementing the plan's goals.

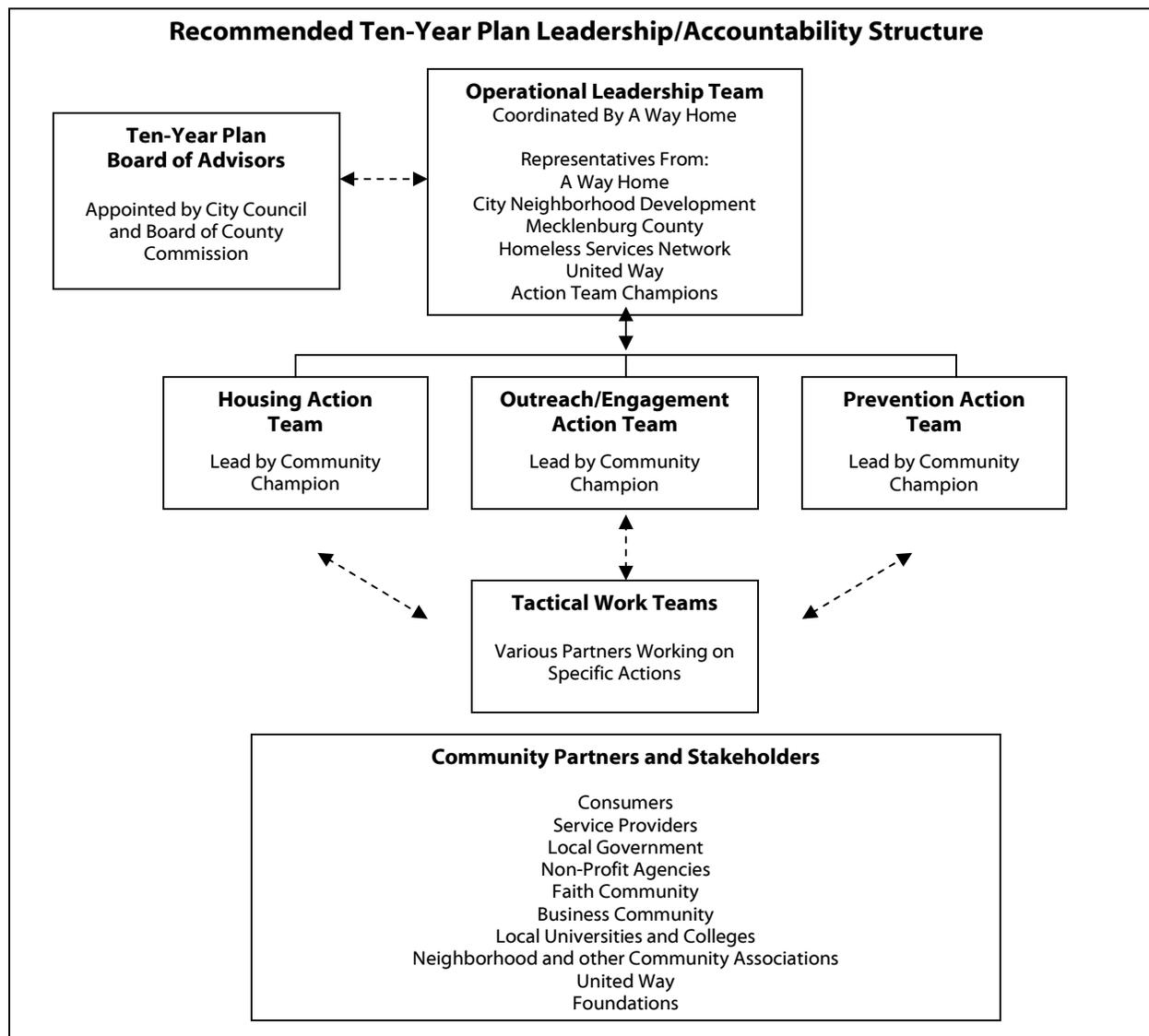
**Key Partners:** United Way, City of Charlotte, Mecklenburg County, Foundation for the Carolinas, Corporations  
**Target Date:** Convene in February 2007, recommendation on dedicated funding source October 2007

## **Create an Implementation Leadership/Accountability Structure**

**To successfully implement this ten-year plan to end and prevent homelessness, we must establish the necessary leadership/accountability structure** to ensure oversight and accountability for the plan's execution. Creating a high-level, Ten-Year Plan Board of Advisors to serve in a leadership capacity and provide guidance and support for implementing the plan is essential. We will also need an accountability structure at the operational level to: focus on the coordination of implementation and ongoing planning and system enhancement activities; monitor and report on progress; undertake the necessary research and other due diligence for continued planning; and build the necessary partnerships to sustain our effort.

The task force that developed Out of the Shadows identified as its top implementation priority, the creation of an entity to focus on all of the operational tasks above, as well as on advocacy and building community awareness around issues of homelessness. **A Way Home—The Mecklenburg Council on Homelessness** was subsequently created and is the logical lead entity for coordinating and managing the operational aspects of the plan's implementation. However, the Task Force's original plan was that the organization would initially have two staff members in addition to the executive director to carry out its purpose. Since its start-up in September 2003, A Way Home has been functioning with only a board of directors and an executive director. Due to its limited resources, the organization is currently not positioned to take on full accountability for the plan's implementation without additional staff to support the director. The Homeless Services Network can provide input and support, but it's a network of already overworked services providers who come together voluntarily to coordinate at the service level. It does not have the resources to devote to bigger picture planning and coordination. Bottom-line, **unless we have someone or some entity held accountable for overall implementation of this plan and resources to support evaluation, our success will be limited.**

The proposed implementation leadership/accountability structure is illustrated below followed by steps that should be taken to put this accountability structure in place.



**Steps to Take by September 2007:**

1. **Establish and convene the high-level Ten-Year Plan Board of Advisors** to provide advice on annual implementation priorities and to identify and help facilitate opportunities to help lift up and support the plan through resource development, partnership building, advocacy and the building of political and community will to effectively address our homelessness crisis. The Board of Advisors would meet up to four times a year.
2. **Officially designate A Way Home as the manager and coordinator for the ongoing development and implementation of the ten-year plan**, and fund additional staff resources and/or contracts to make it feasible for the organization to carry out this task. A Way Home would be responsible for convening groups, developing tools to monitor and provide status reports on implementation progress/outcomes, working with and supporting action leadership teams, overseeing research efforts, coordinating and facilitating the annual ten-year plan priority setting process and coordinating public relations/communication on the plan. The organization would also be a partner on many of the tactical teams focused on specific priority actions.

3. **Develop and adopt a joint resolution among key entities and stakeholders** throughout the community to support implementation of our ten-year plan and develop a memorandum of understanding (MOU) outlining roles and commitments for involvement in the execution of the plan.
4. **Designate a community champion for each of the three goal areas**---housing, outreach/engagement and prevention---to lead an Action Team consisting of community representatives and stakeholders. These three teams would provide leadership and support for implementation activities related to their respective goals. They would meet bi-monthly (or as needed) to: 1) monitor progress on implementation activities in their goal areas; 2) support the tactical teams working on specific actions and helping them deal with challenges and obstacles that may be hindering their work; 3) advocate for resources and other support to advance the plan's goals; and 4) help identify priority actions for the annual plan update and priority setting process.
5. **Bring the champions of the three oversight teams together quarterly** with the Director and Chairperson of A Way Home, the Chairperson of the Homeless Service Network, the City of Charlotte Neighborhood Development Director, a representative from the County Manager's Office and other key players to serve as the **Ten-Year Plan Leadership Team**. This team would meet quarterly to monitor and address overall implementation and planning activities at both the policy and operational levels.

### **Focus on Data Collection and Measurable Results**

Success with the implementation of this plan will also require that we focus on achieving specific and measurable results. To this end, we must:

1. **Collect comprehensive, system-wide data** and organize it into an analytical framework that will allow us to track changes over time and make informed decisions about future action;
2. **Develop specific, measurable outcomes** aligned with the implementation goals and strategies and then monitor and evaluate them on an annual basis;

Immediate actions we will take in FY07-08 toward accomplishing the above are as follows:

<b>IMMEDIATE ACTION TO TAKE IN FY07-08</b>
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- **Data Collection/Outcomes Plan:** Develop a specific plan to capture system-wide data and trends that will help track progress on specific indicators associated with the implementation plan.

**Key Partners:** Homeless Services Network Data Management Resource Committee, Bell Data Systems, local university and/or college

**Target Date:** September 2007

### **Continue to Build Political and Community Will**

The goal of ending and preventing homelessness in Charlotte-Mecklenburg will not become a reality unless we have the political and community will to devote the necessary human, financial and political resources to the solving the crisis. Ending homelessness is humane, makes economic sense and is achievable. The short-term, "Band-Aid" approach to homelessness has failed to turn the rising tide.

When Out of the Shadows was completed in 2002, the community and political will we had hoped for did not come to full fruition. We did not put the structure in place to mobilize and dedicate resources to solving the growing crisis as that plan called for. This implementation plan has taken Out of the Shadows to the next level by providing specific and tangible actions we can begin taking now to end and prevent

homelessness in Charlotte-Mecklenburg. If we continue to ignore the call to action, our crisis will only worsen, more lives will be ruined and the costs and embarrassment to the community will multiply.

By educating the public and making people aware of the desperate situation thousands of men, women and children find themselves in every year we can build the political and community will for action. Tracking, building on and reporting our successes can ignite a greater sense of hope and confidence that we can, indeed, succeed at helping people who are homeless move into housing and stay housed and preventing more and more people from falling through the cracks. No doubt, each of us can find a way to contribute our time, money or thoughtful ideas as we attempt to move in this bold, new direction. **We can and will succeed!**

Specific actions we will take in FY08 to increase awareness and educate people about homelessness are as follows:

#### **COMMUNITY AWARENESS AND EDUCATION...IMMEDIATE ACTIONS IN FY07-08**

- **CMS Curriculum Pilot:** Partner with Fannie Mae and Topics Education to pilot a curriculum in the Charlotte-Mecklenburg Schools that will help bring awareness of the links between poverty and homelessness to students. As part of this initiative, an on-line curriculum that teachers can download will be placed on the A Way Home website.

**Key Partners:** A Way Home, Fannie Mae, Charlotte-Mecklenburg Schools, A Childs Place  
**Target Date:** November 2007

- **Affordable Housing Awareness Campaign:** Develop a plan for a community-wide awareness campaign on the need for more affordable housing in Charlotte-Mecklenburg and hold an affordable housing symposium to “kick off” the campaign. Creating a dedicated funding source for affordable housing and re-consideration of inclusionary zoning as a tool for creating more affordable housing should be discussed as part of the housing symposium.

**Key Partners:** Neighborhood Development, A Way Home, Homeless Services Network Steering Committee, Charlotte Housing Partnership, Charlotte Housing Authority, Foundation for the Carolinas, Social Venture Partners and others  
**Target Date:** February 2007

- **Poverty Simulation:** Promote, as part of homeless awareness activities, participation in the United Way’s Poverty Simulation model to increase understanding of the challenges working families have in staying housed.

**Key Partners:** United Way, A Way Home, Homeless Services Network Steering Committee  
**Target Date:** Ongoing

- **Community Cost Impact Study:** Secure the funding to prepare a cost impact study to determine the community costs associated with homelessness as a baseline of information to help make the business case for ending homelessness.

**Key Partners:** A Way Home, local university and/or colleges  
**Target Date:** January 2008

# Appendix

- Acknowledgements
- Glossary
- Summary of Ten-Year Implementation Strategies and FY07-08 Actions
- Actions to Consider for Future Priority Setting
- Service-Enriched Housing Model for Working Families in Charlotte-Mecklenburg

## Acknowledgments

This implementation plan is the result of many individuals and organizations coming together to offer their time, support, expertise and good ideas. Thanks to all those listed below and many others who participated through surveys and other means. Their input is also gratefully recognized.

### 10-Year Plan Committee Members:

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Jerry Sennett	CMPD
Kirsten Sikkelee	YWCA
Peg Smith	JobLink Centers
Jan Thompson	Mecklenburg County Jail Inmate Services
Diana Tini	DSS-Economic Services
Paul Walker	ACCESS
Marcia Webster	Davidson Housing Coalition
Bob Weeks	Mecklenburg County Veterans Office
Tom Wheeler	Hoskins Park
Stanley Wilson	City of Charlotte Neighborhood Development
Keith Wilson	Mercer Consulting
Cristen Wolf	Habitat for Humanity Matthews
James Worsley	Mecklenburg County Parks and Recreation Department

Special thanks to Peter Safir of the Mecklenburg County Manager's Office and Rebecca Pfeiffer, Stanley Watkins and Stanley Wilson of the City of Charlotte Neighborhood Development Department for helping to coordinate this planning effort with City and County government.

Thanks also to:

The Homeless Services Network Steering Committee and other members of the HSN who provided information and feedback on the plan throughout the process

Homeless individuals involved with Homeless Helping Homeless

The A Way Home Board of Directors for providing support and guidance for the organization's executive director to facilitate and guide the planning process

Chris Estes, Executive Director of the North Carolina Housing Coalition and Martha Are, Homeless Policy Specialist for NC for providing data and input from a state-wide perspective

Jackie MacVean for her great administrative support during the committee priority setting process

The original Out of the Shadows Task Force for developing the plan on which this implementation plan is based

The Knight Foundation and the Foundation for the Carolinas

## Glossary

**Affordable Housing:** Such housing is generally defined by HUD as affordable when the occupants are paying no more than 30% of their adjusted gross income for housing costs, including utilities.

**Assertive Community Treatment (ACT):** This model of treatment includes a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation and support to persons with serious and persistent mental illness such as schizophrenia.

**Case Management:** Case managers coordinate all the care a client receives from all providers in the community. Typically, case management services are provided by agencies separate from the housing providers.

**Emergency Shelter:** Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of homeless persons.

**Harm Reduction Strategies:** Harm reduction strategies reduce the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence. These strategies meet drug users "where they're at," addressing conditions and motivations of drug use along with the use itself. Harm reduction acknowledges an individual's ability to take responsibility for their own behavior.

**Housing First:** The goal of "housing first" is to immediately house people who are homeless. Housing comes first no matter what is going on in one's life, and the housing is flexible and independent so that people get housed easily and stay housed. Housing first can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements.

**Jail Diversion:** Jail diversion leads individuals with mental illness or substance use problems away from criminal incarceration. Diversion services may either prevent incarceration or cut it short.

**Low-Demand Shelter.** Shelter provided in a low-demand environment emphasizes ease of entry and access to services with minimal requirements. The focus is on providing a safe place for people to sleep and creating opportunities to connect with "residents" and link them to services.

**Mainstream Services.** Refers to the government funded safety net including such programs and services as Workforce Investment Programs, Temporary Assistance to Needy Families, State Administered General Assistance, Medicaid, Social Security, Veterans Services, Mental health and public health services and other large government programs.

**Memorandum of Understanding (MOU):** An agreement between interested parties establishing their respective rights and responsibilities regarding a project and serving as a basis for a future formal contract.

**Permanent Supportive Housing:** Long-term community-based housing with support services that enables people with special needs to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or provided by other public or private service agencies.

**Rental Assistance:** Cash subsidy for housing costs provided as either project-based rental assistance or tenant-based rental assistance.

**Safe Haven:** A form of supportive housing serving individuals to reach homeless with severe mental illness or other debilitating conditions who are on the streets and unwilling or unable to participate in support services.

**Section 8 Rental Subsidy:** A federal rent subsidy program that provides monthly rental assistance to low-income individuals residing in privately owned units. The rents must be within HUD limits, and the units must meet HUD standards.

**Service-Enriched Housing:** Service-enriched housing includes single apartments rented on a permanent basis to formerly homeless individuals and families. Transitional or longer-term services that aim to link residents of this housing with community-based services are "tied" to the apartment.

**Single Room Occupancy (SRO):** Housing units that are an affordable housing option for very low income and homeless individuals. These are typically single room units with a bed and may include a small refrigerator and microwave. Shared bathrooms, kitchen and other rooms are common in SROs.

**Transitional Housing:** Designed to provide housing and appropriate supportive services to homeless persons and families and has the purpose of facilitating the movement of individuals and families to independent living within a time period that is set by the project owner before occupancy.

**Wrap-around services.** A wrap-around service model coordinates all caregiver services, often through a team case management or shared service plan system, bringing mainstream and non-profit providers together for case conferencing and problem solving.

**TEN-YEAR IMPLEMENTATION PLAN**  
**SUMMARY OF TEN-YEAR STRATEGIES AND 2007-2008 ACTIONS**

PRIORITY FOCUS AREAS	TEN-YEAR IMPLEMENTATION STRATEGIES	2007-2008 PRIORITY ACTIONS (New/Updated Priority Actions Will Be Identified Annually)	KEY IMPLEMENTATION PARTNERS for ACTIONS	TARGET DATE
<p><b>GOAL 1:</b> Get Homeless Families and Individuals into Safe, Appropriate Housing As Soon As Possible</p>	<p>1. Create 2,500 affordable rental units linked to services including 500 supportive housing units and 2,000 service enriched units.</p> <p>2. Develop new sources of rent subsidies.</p> <p>3. Expand community-based case management services using “wrap-around” approach.</p> <p>4. Develop systems integration strategies to ensure access to mainstream resources.</p> <p>5. Incorporate housing assistance centers and rapid re-housing strategies into the overall homeless support system.</p> <p>6. Development and begin implement system-wide transition or conversion framework for shifting to housing-based model.</p>	<p><b>ACTION:</b> Pilot model for service enriched housing that results in the creation of 200 units for homeless “working poor” families.</p> <p><b>ACTION:</b> Develop and implement a model for 50 supportive units for chronic homeless and prepare to pilot in FY09.</p> <p><b>ACTION:</b> Research and evaluate transition-conversion plans and approaches from other communities already using the housing-based model.</p>	<p>A Way Home, Housing First for Families Advisory Board, Neighborhood Development</p> <p>Urban Ministry Center, ACCESS, A Way Home, Neighborhood Development Area Mental Health</p> <p>A Way Home, Mecklenburg County, HSN Continuum of Care Committee, local universities and/or colleges</p>	<p>5/08</p> <p>6/08</p> <p>6/08</p>

PRIORITY FOCUS AREAS	TEN-YEAR IMPLEMENTATION STRATEGIES	2007-2008 PRIORITY ACTIONS (New/Updated Priority Actions Will Be Identified Annually)	KEY IMPLEMENTATION PARTNERS for ACTIONS	TARGET DATE
<p><b>Goal 2.</b> Link Chronic Homeless to Housing, Treatment and Services Through Intense Outreach and Engagement</p> <p><b>Outreach and Engagement (continued)</b></p>	<p>1. Provide chronically homeless men and women with more safe, low demand shelter options as a means of engaging them and linking them to housing, services and support.</p> <p>This should include:  - 200 year-around, low demand shelter beds for homeless men and 50 beds for women  - two to three safe small havens for people living on the streets and suffering from mental illness.</p>	<p><b>ACTION:</b> Explore opening the Men’s Winter Shelter on a year-around basis and/or identify other options for low demand shelter</p> <p><b>ACTION:</b> Develop a model and funding strategy for establishing a small safe haven.</p>	<p>Emergency Shelter Board, Uptown Men’s Shelter, Salvation Army, A Way Home, Homeless Support Services, Neighborhood Development</p> <p>Area Mental Health, ACCESS, Uptown Shelter, Salvation Army, A Way Home, St. Peter’s Homes, Neighborhood Development</p>	<p>2/08</p> <p>2/08</p>
	<p>2. Streamline and improve access to SSI and Medicaid benefits.</p>	<p><b>ACTION:</b> Convene a task team to evaluate, recommend and advocate for changes to SSI and Medicaid benefit processes.</p>	<p>ACCESS, Homeless Support Services, DSS, County Manager’s Office, State agencies</p>	<p>3/08</p>
	<p>3. Develop non-traditional approaches to connecting chronically homeless individuals with mental health, substance abuse and health services.</p>	<p><b>ACTION:</b> Create and test a demonstration initiative to annually provide 15 chronically homeless individuals with a high level of concentrated services aimed at keeping them off the streets and placed in housing.</p>	<p>Area Mental Health, ACCESS, Health Department, Police Department, Veterans Office, DSS, Homeless Support Services, CW Williams</p>	<p>8/08</p>
	<p>4. Create supportive housing options.</p>	<p><b>ACTION:</b> See housing action for creating 50 supportive housing units.</p>		
	<p>5. Expand efforts to divert unhoused people chronically arrested for public inebriation and nuisance violations from the criminal justice system.</p>	<p><b>ACTION:</b> Research and evaluate jail diversion programs for offenders (inebriation/nuisance) established in other communities to identify possible local application.</p>	<p>Sheriff’s Department, Charlotte-Mecklenburg Police, ECO, local universities and/or colleges</p>	<p>2/08</p>

PRIORITY FOCUS AREAS	TEN-YEAR IMPLEMENTATION STRATEGIES	2007-2008 PRIORITY ACTIONS (New/Updated Priority Actions Will Be Identified Annually)	KEY IMPLEMENTATION PARTNERS for ACTIONS	TARGET DATE
<p><b>Goal 3. Prevention: Promote Housing Stability for Families and Individuals Most At-Risk of Becoming Homeless</b></p>	<p>1: Expand the role of Crisis Assistance Ministry to become more of a “one-stop” center or clearinghouse for individuals and families at-risk of becoming homeless through the addition of eviction legal counseling, benefits counseling and application and other activities.</p> <p>2. Expand the capacity of mainstream service agencies to screen and assess their clients for risk factors of becoming homeless through a web-based tool.</p>	<p><b>ACTION:</b> Convene multi-agency task team to develop a model and phased implementation plan for expanding prevention services at Crisis.</p>	<p>Crisis Assistance Ministry, United Way, United Family Services, DSS, Neighborhood Development, Legal Aid, Legal Services, Community Link</p>	<p>3/08</p>
	<p>3. Develop and concentrate community-based prevention strategies and education in neighborhoods where high numbers of homeless people have come from and/or most requests for financial assistance and/or evictions emanate.</p>	<p><b>ACTION:</b> Collect address data to identify neighborhoods where high concentrations of homeless people and evictions come from and develop a demonstration initiative to target eviction and other prevention resources in one area.</p>	<p>Neighborhood Development, Crisis Assistance Ministry, United Family Services, Community Relations Committee, local universities and/or colleges</p>	<p>6/08</p>
	<p>4. Develop discharge planning policies, protocols and plans along with housing support and options.</p>	<p><b>ACTION:</b> Establish discharge planning processes and protocols for the Mecklenburg County Jail.</p>	<p>Sheriff’s Department, ECO, Charlotte-Mecklenburg Police</p>	<p>7/08</p>
		<p><b>ACTION:</b> Develop and implement a faith-based scattered site housing model for youth aging out of foster care.</p>	<p>DSS, Neighborhood Development</p>	<p>3/08</p>

PRIORITY FOCUS AREAS	TEN-YEAR IMPLEMENTATION STRATEGIES	2007-2008 PRIORITY ACTIONS (New/Updated Priority Actions Will Be Identified Annually)	KEY IMPLEMENTATION PARTNERS for ACTIONS	TARGET DATE
	5. Provide additional emergency beds and transitional housing for victims of domestic violence so victims get the specialized support they need to prevent further abuse and to prevent long-term homelessness.	<b>ACTION:</b> Conduct a feasibility study for providing additional emergency and transitional housing for victims of domestic violence.	United Family Services, Mecklenburg County Manager's Office	3/07
<b>Implementation Support and Sustainability</b>	1. Establish a dedicated source of funding and identify other strategies for funding plan implementation.	<b>ACTION:</b> Investigate options for and make recommendations on a dedicated funding source such as a real estate/land transfer tax, an affordable housing endowment and/or affordable housing bonds.	Neighborhood Development, Mecklenburg County Manager's Office, A Way Home, Ten-Year Plan Funders' Collaborative	3/08
		<b>ACTION:</b> Where possible, estimate the cost of the corresponding strategies/actions identified in this plan and develop a budget to implement and sustain these actions.	A Way Home, Neighborhood Development, Mecklenburg County Manager's Office	1/08
		<b>ACTION: Funders' Collaborative:</b> Establish a Funder's Collaborative of public and private funders whose purpose will be to: 1) identify opportunities for expanding existing resources and creating new resources for funding implementation of the plan and 2) focus on establishing common funding priorities to provide a unified front for implementing the plan's goals.	United Way, City of Charlotte, Mecklenburg County, Foundation for the Carolinas, Major Corporations	9/08 convene
	2. Establish an implementation leadership-accountability structure.	<b>ACTION:</b> Get buy-in, provide support for and put structure in place	City of Charlotte, Mecklenburg County, A Way Home, Homeless Services Network	9/07

PRIORITY FOCUS AREAS	TEN-YEAR IMPLEMENTATION STRATEGIES	2007-2008 PRIORITY ACTIONS (New/Updated Priority Actions Will Be Identified Annually)	KEY IMPLEMENTATION PARTNERS for ACTIONS	TARGET DATE
	<p>3. Focus on data collection and measurable results.</p> <p>4. Continue to build political and community will to support the plan implementation.</p>	<p><b>ACTION: Data Collection and Outcomes Plan:</b> Develop a specific plan to capture system-wide data and trends that will help track progress on specific indicators associated with the implementation plan.</p> <p><b>ACTION: CMS Curriculum Pilot:</b> Partner with Fannie Mae and Topics Education to pilot a curriculum in the Charlotte-Mecklenburg Schools that will help bring awareness of the links between poverty and homelessness to students.</p> <p><b>ACTION: Affordable Housing Awareness Campaign:</b> Develop a plan for a community-wide awareness campaign on the need for more affordable housing in Charlotte-Mecklenburg and hold an affordable housing symposium.</p> <p><b>ACTION: Poverty Simulation:</b> Promote, as part of homeless awareness activities, participation in the United Way's Poverty Simulation model to increase understanding of the challenges working families have in staying housed.</p> <p><b>ACTION: Community Cost Impact Study:</b> Secure the funding to prepare a cost impact study to determine the community costs associated with homelessness as a baseline of information to help make business case.</p>	<p>Homeless Services Network Data Management Resource Committee, Bell Data Systems, local university and/or college</p> <p>A Way Home, Fannie Mae, Charlotte-Mecklenburg Schools, A Childs Place</p> <p>Neighborhood Development, A Way Home, HSN Steering Committee, Charlotte Housing Partnership, Char Housing Authority, Foundation for the Carolinas, Social Venture Partners,others</p> <p>United Way, A Way Home, Homeless Services Network Steering Committee</p> <p>A Way Home, Local Universities or Colleges</p>	<p>9/07</p> <p>11/07</p> <p>2/07</p> <p>Ongoing</p> <p>1/08</p>

## **Actions to Consider for Future Priority Setting**

The following ideas/actions were identified either by the committees that helped set priorities for the Ten-Year Plan and FY07-08 actions or are best practices or initiatives from other communities. As priority actions are identified for FY08-09, some of these ideas/actions may be appropriate to explore.

### **Housing**

- Initiate a public campaign to increase landlord participation in the Housing Authority's Section 8 program and provide systematic support.
- Plan for and develop an SRO (single room occupancy) for single women.
- Create a rapid re-housing coordinator position to provide individualized assistance to homeless individuals and families that can help them locate and secure housing. The work would include such tasks as assessing people's housing barrier assessments; doing criminal, credit and housing checks for potential renters; and referrals to financial literacy education and housing sources. (Hennepin County, Minnesota)
- Explore a "master leasing" concept, which would allow for the City or other entity to lease entire buildings to bring units on line quickly, rely on private investment for renovation costs and negotiate improvements to common areas. (San Francisco)
- Expand Crisis Assistance Ministry's Rental Deposit Program for use by people ready to leave shelters or transitional housing.
- Develop a housing support center that coordinates housing and housing-related services from various agencies. Through such an entity, housing vouchers, TANF dollars and other mainstream and homeless program funds could be channeled. (Philadelphia)

### **Outreach and Engagement**

- Develop a unified and coordinated intake and assessment tool.
- Establish a mobile outreach team; such teams in Miami hire formerly homeless individuals as community outreach specialists to participate on the teams, along with social workers, law enforcement personnel and volunteers affiliated with religious organizations
- Consider initiating Project Connect in Charlotte, an initiative being implemented in other communities to reach out to and engage homeless people, especially chronically homeless individuals living on the streets, through major, highly publicized outreach events. It centers around having bi-monthly events that centers on holding a one-day "mass mobilization" events at a large accessible location where homeless adults have the opportunity to connect with an array of resources and services---legal services, medical care, benefits counseling, housing assistance, etc. Trained volunteers assist. (San Francisco and other cities)
- Use Business Improvement District Funds in the Center City to hire an outreach worker to reach out to homeless panhandlers in the Uptown area and help link them to services. (Downtown Cincinnati, Inc.)
- Provide mobile health services to people living on the streets and in the shelters. In Boston, a team of multidisciplinary health care professionals visit shelters, scattered housing sites and motels.
- Provide outreach to people living in weekly motels. A mobile resource team in Fairfax Virginia uses volunteers from area churches to deliver hot meals and social workers provide case management and assist with life skills education. In Reno Nevada, police officers visit and check on the welfare of children living in motels and provide families access to resources.

## **Prevention**

- Create a City-owned and operated transitional housing complex for individuals and families displaced from their housing by government action or disasters.
- Establish a Home Protection Pilot Program (revolving loan) for homeowners facing foreclosure.
- Expand the scope of the Physician's Outreach Program to include families at the brink of becoming homeless.
- Offer pre and post-natal home healthcare for mothers, using volunteer mothers as resources.
- Establish satellite prevention centers in neighborhoods with high concentrations of homeless households residing there just prior to becoming homeless. (Philadelphia)
- Develop a bridge fund to provide temporary financial assistance (interest-free loans and grants) with budget counseling for families experiencing unforeseen emergencies such as job loss, illness or death in the family. (New York)
- Develop an elderly eviction program for elderly renters facing eviction. (Ann Arbor)
- Campaign to encourage more local attorneys to provide pro bono legal support for preventing eviction. A team approach could be used to achieve 100% representation in a particular court room for a designated period of time. (Chicago)
- Have corrections counselors in the jail work with inmates to apply for benefits prior to their release date and set up phone interviews with the Social Security Administration staff well in advance of release. (Portland)
- Consider establishing a 27/7 hotline to provide information, referrals and crisis intervention services to people who are homeless or at risk of becoming homeless.

## **Other**

- Increase use of individual development accounts (IDAs) to help homeless individuals and families save money for housing.
- Expand RN basic services and access to primary care to those in shelters

# Service-Enriched Workforce Housing Model

## Summary of Concept

Charlotte–Mecklenburg has a serious and growing shortage of affordable housing units for the working poor. The affordable housing gap identified in the Consolidated Plan for those below 24% AMI sent to HUD in June 2005 was over 11,000 and projected to grow to over 17,000 by 2010. The Housing Trust Fund presented its 10 Year Strategic Plan Draft to Charlotte City Council and estimated that this growing crisis would cost the City roughly \$75,000,000 per annum to address 50% of that gap.

In parallel, one of the greatest concerns among key providers servicing the growing homeless population is the lack of affordable housing. That condition puts more and more at risk and prevents those trying to come out of homelessness from moving on, even with stable employment. We are seeing shelter stays lengthening, the numbers of working homeless growing and those needing financial assistance to maintain their housing exploding.

This is not just a Charlotte problem, it is a national one as the middle and lower economic classes are left further behind. The NC Housing Coalition stated that: North Carolina's most critical housing need is improving rental housing opportunities for households earning less than 30% of median income.

Concurrently the apartment market in Charlotte is experiencing heavy vacancies in the Class C properties (recent estimates of over 7,000) as a result of overbuilding in a period of low interest rates. With tenants who were able moving to home ownership or upgrading the C Market was abandoned and several of those properties are selling at historically low rates. At the lower economic scale, wages have not kept pace with the increasing cost leaving many still without options.

This proposal focuses on serving the “working poor” in our community. The waitress at the local restaurant, the salesclerk, the nurses aide, the day laborer on a construction site and many of the other hourly wage earners making less than needed to meet the rental levels for decent housing. Clearly a family living on a minimum wage job or many hourly wages can't cover basic needs alone.

A Way Home proposes to acquire and rehab one of the financially distressed multifamily properties in the Charlotte area in partnership with several key service agencies. Key strategic outcomes we will target:

- Protecting the investment in one of Charlotte's fragile but revitalizing corridors by removing a deteriorating property and creating a sense of community for the neighborhood.
- Providing a demonstration pilot for an initiative to provide 2,000 units of safe, decent and affordable housing for our community's working poor.
- Bringing a broad stakeholder group together to build awareness of the crisis and energizing them to create a significant part of the solution.
- Leveraging available funding through both market leverage and private capital.
- Creating a source of pride and relief for those that have struggled to maintain safe, decent housing.
- Taking advantage of a market opportunity to imbed a housing subsidy in the project to support working families for years to come.

## Description and Scope of the Proposed Pilot

- An affordable complex targeting those earning 30% (with marketing directed at full market tenants) of the median income or less (\$350 rents or less). We intend to market these units to as broad an economic spectrum as possible and will look at all avenues to create diversity.
- Non profit ownership – A Way Home would act as initial purchaser with the intention to review the ownership structure as the pilot moves to a broader implementation,
  - Allows capital to come in with tax benefits
  - Allows for a reduction in operating expenses through real estate tax relief, job training and volunteer maintenance opportunities.
  - Provides a social services friendly environment with separation of the tenancy issues
- Training and support for a tenants advisory board to give the tenants a voice in the complex and to create a sense of pride and ownership
  
- 25% of the units linked to partner agencies with case management
  - Youth aging out of foster care
  - Family units
  - The working population ready to move on from a shelter stay
  - Elderly
- Link to services
  - Job Training - To assist tenants and to decrease operating costs we intend to work with local job training agencies to develop job skills programs linked to apartment and grounds maintenance
- An anchor and demonstration model for family self sufficiency in Charlotte – Mecklenburg
- Variations on this model are operating successfully in other communities. As part of our operational due diligence we intend to borrow from these other communities in relation to programming, tenancy requirements and operational guidelines.

## Proposed Pilot Cost

- Charlotte' soft market for Class C apartments would allow us to deliver the proposed pilot for the cost of acquisition and full rehab, which would be less than \$35,000 per unit today – (\$7,000,000 for a full 200 unit pilot).
- Case management on the pilot would be funded through an expansion of individual partners operating budgets. The pilot would incur the cost of a full time services coordinator as part of its operating budget.
- All direct operating expenses, including maintenance reserve, would be covered from the rental income generated. With the severe shortage in quality low cost housing versus the demand, we anticipate operating at nearly full occupancy with a waiting list.

## Proposed Pilot Partners

- ARA USA – transaction structuring expertise – financial support – due diligence coordination
- A Way Home – project management / nonprofit
- Housing First for Families Advisory Team – tenancy / case management issues
- Crisis Assistance Ministry – down payment / utility / rental assistance / furnishings
- HELP – faith partnerships – develop political / neighborhood will to support the project
- Jeremiah – faith partnerships – political will – financial support
- Lutheran Family Services – case management
- Charlotte Emergency Housing – case management
- Uptown Men's Shelter – case management
- Community Link – Case management / homeownership Training expertise

- Charlotte Apartment Association – management assistance
- United Family Services – financial counseling
- Community Health Services – Health training / advice
- Mecklenburg County Health Department –sliding scale for health services
- CW Williams—sliding scale for health services, Homeless Health Initiative
- Med-Link---pro-bono/free clinics
- Legal Aid – legal services
- YMCA – targeted activities for residents with an emphasis on youth and seniors

## Proposed Pilot - Funding Sources

- City of Charlotte Housing Trust Fund
- Private Donors
- Houses of Faith
- North Carolina Housing Finance Association (NCHFA)
- Federal Home Loan Bank (FHLB)
- Office of Housing and Urban Development (HUD)
- Local Foundations
- Local Banks