



HOUSING FIRST
Charlotte–Mecklenburg
Ending Chronic Homelessness in 2016

1/5/2015

Proposal to End Chronic Homelessness in Charlotte-Mecklenburg

Mission: Mobilize the Charlotte-Mecklenburg community to end chronic homelessness¹ by December 31st, 2016.

The chronically homeless are a small subset of the overall homeless population, comprised of individuals who have at least one disabling condition and experience long-term homelessness². While our community strives to end all homelessness, there are several reasons to focus on ending chronic homelessness:

- **Increased Efficiency:** Research shows that while the chronically homeless make-up only about 10% of the overall homeless population; they utilize 50% of the homeless resources. By ending chronic homelessness, the entire homeless service system experiences increased efficiency.
- **Cost Effectiveness:** Research indicates that chronically homeless individuals commonly utilize public systems at crisis points, creating a large bill associated with emergency room visits and frequent arrests. When housed with appropriate supports, however, these community costs significantly decrease. A local evaluation by UNC Charlotte found that after living in Moore Place one year, 62 tenants generated a \$1.8 savings, decreasing the total community bill associated with ER visits and jail time.
- **Clear Solution:** Over the last two decades, an intervention has been developed that effectively ends chronic homelessness. Permanent Supportive Housing using a Housing First approach³, provides low barriers of entry in order to get chronically homeless individuals housing and robust supports in order to remain housed.
- **Alignment with National Goals:** Ending chronic homelessness is not only a local vision. The federal government has set the goal to end chronic homelessness by the end of 2015 in *Opening Doors*, the federal strategic plan to prevent and end homelessness. Along with the plan, HUD has prioritized ending chronic homelessness through funding opportunities. In addition, Zero:2016 is a national program focused on engaging local communities to end veteran and chronic homelessness by 2016. Charlotte applied and was accepted to participate in Zero:2016.
- **Achievability:** While thousands of individuals in our community experience homelessness in a given year, an estimated 450 experience chronic homelessness⁴. Though 450 is far too high, it represents a 43% decrease since 2010. This progress has been made through the creation of more than 250 Permanent Supportive Housing units and coordinated efforts to ensure housing resources are targeted towards households with the greatest needs. There are already plans for an additional 195-225 Permanent Supportive Housing Units by 2016 (see Appendix A). Building upon this momentum, it is conceivable that our community could be one of the nation's first to end chronic homelessness.

¹ The functional definition of "ending" chronic homelessness is that at any point in time, the number of people experiencing chronic homelessness, will be no greater than the current monthly housing placement rate for people experiencing chronic homelessness.

² According to HUD, a person is chronically homeless if he/she has at least one disabling condition and has experienced a continuous year of homelessness or has had four episodes of homelessness over the last three years. A family can be considered chronically homeless if the above conditions apply to the head of household.

³ In the Housing First approach, eligibility criteria is minimal, the housing provided is not time limited, and while tenants are proactively engaged, services are voluntary and housing is not contingent on participation in services.

⁴ Estimate provided by Urban Ministry Center using a combination of the annual Point in Time Count and data from the Vulnerability Index, conducted in 2010.

In order to achieve a city without chronic homelessness, the following strategy is recommended:

1. **Create and Maintain Chronically Homeless Registry:** Following the best practices of other communities, Charlotte would create a “registry” of all individuals experiencing chronic homelessness. This registry would be the key in monitoring the progress made towards ending chronic homelessness. Building upon the success of the Vulnerability Index⁵ completed in 2010, we would mobilize outreach staff and volunteers to canvas the community for one week in January, 2015, identifying chronically homeless individuals. These individuals would be assessed through the coordinated intake process in order to be placed in the queue for Permanent Supportive Housing units. Project Management staff and UNC Charlotte’s Urban Institute would be responsible for managing the registry, adding individuals as they are identified and tracking housing placements.

Timeline: Complete by February 2015

Staffing: Project Management Staff and Contract with UNC Charlotte’s Urban Institute

2. **Expand Outreach Efforts:** While a portion of chronically homeless individuals reside in emergency shelters, many live on the street and other places unfit for human habitation. For those on the street, there is often a reluctance to engage in services. Street outreach workers can play a vital role in identifying individuals, building a trusting relationship, and helping navigate through the housing process. For a city the size of Charlotte, our community has extremely limited street outreach resources. Currently, Urban Ministry Center hosts a team of 2.5 outreach workers. To end chronic homelessness, we recommend adding three street outreach workers: a **SOAR⁶ specialist**, who would assist individuals in securing disability income and Medicaid insurance; a **peer support specialist**, a formerly homeless individual focused on building rapport with service-resistant individuals; and an additional **outreach worker**, who would focus on building relationships and connecting people with housing.

Timeline: Hire by January 2015

Staffing: 3 FTEs for two years

⁵ The vulnerability index was championed by Community Solutions to identify and prioritize people who are homeless and living on the streets for housing according to the fragility of their health. It was completed in Charlotte in 2010 and was used as a primary tool to select tenants for Moore Place, based on vulnerability.

⁶ SOAR, which stands for SSI/SSDI Outreach, Access, and Recovery, is a specific process designed to assist chronically homeless individuals in accessing disability benefits quickly.

3. **Create 250 New Permanent Supportive Housing Units (PSH), including at least one new single-site building.** Even with the current plan for 195-225 upcoming PSH units (see Appendix A), an estimated 250 additional PSH units are needed to end chronic homelessness by 2016. In order to create the additional PSH units, three components are needed:
- the physical housing unit (either through capital construction or an existing landlord);
 - the subsidy to make the rent affordable;
 - the support services to promote housing stability for this vulnerable population.

Units are most commonly created through a scattered-site approach, using subsidy to rent existing units from landlords, but some of the chronically homeless population may benefit from a single-site, such as Moore Place. For this reason, we recommend an additional single-site housing to reach the goal of ending chronic homelessness. Given the special needs of this population and the long-term need for services, these rent subsidy and support services are best funded through public resources. Possible public resources are outlined in Appendix B & C.

Timeline: Planning begins Winter 2014. Units created throughout the course of the project
Staffing: TBD by housing plans. Estimated 17 case managers and 6 support staff

4. **Train Organizations and Staff in the Housing First Model:** The Housing First approach, a low-barrier housing approach with minimal eligibility requirements, differs dramatically from the traditional service provision practiced for years. Having organizations and staff that embrace the Housing First approach is vital to the success of any housing targeting the chronically homeless. Since our community has limited Housing First programming and many organizations are shifting from a traditional approach to a Housing First approach, quality training and support is necessary to ensure the long-term success of this initiative. Our community has local resources that can serve as a training resource, though a national provider, such as Corporation for Supportive Housing or Community Solutions, could be helpful in providing community-based trainings on implementing a Housing First approach.

Timeline: Select training partner by Fall 2014. Provide trainings in conjunction with the opening of new PSH units
Staffing: Contract with a training partner

5. **Engage the Community to be Part of the Solution:** No doubt large public and private investments will be necessary to end chronic homelessness, but there are countless ways average citizens can play a role. Through building web-based and social media tools that invite that community to take part in this initiative, citizens can be connected with existing programs and participate in ending chronic homelessness in this community. For example, landlords can offer to rent their units through programs serving the chronically homeless; congregations can help move furniture into someone’s new home; a scout troop can pull together a “Welcome Home” box of household goods; a family can alert outreach workers when they see someone sleeping outside. Through a concerted community engagement effort, we can create the community momentum needed to get to zero.

Timeline: Winter 2014-2015

Staffing: Filled by existing Center City Partners staff

6. **Ensure Adequate Leadership and Staff:** The strategy outlined in this document represents a bold initiative to be undertaken by the community. To ensure success, the effort will require the following staffing:

- **Project Management:** Project Management will be responsible for convening stakeholders, guiding implementation, monitoring progress and building service-provider and community support.
- **Community Engagement:** Community engagement staff will be dedicated to telling the story of the initiative, reporting out progress, and creating accessible opportunities for the general public to become part of the effort. A staffing need for volunteer coordination could emerge.

In addition to staffing, two volunteer-based groups will be convened to oversee proper implementation of the strategy:

- **Working Group:** Comprised of service providers and public partners, this group will work towards implementing the strategy of the initiative, identifying opportunities for additional permanent supportive housing units, coordinating services, and measuring progress towards ending chronic homelessness. Anticipated meeting schedule is twice per month.
- **Steering Committee:** Comprised of community influencers, this group will advise on overall strategy, secure funding, and assist in opening doors, in order to achieve goal of ending chronic homelessness. Anticipated meeting schedule is quarterly.

Note: The creation of 250 new PSH units will come with significant staffing needs – additional case managers, medical, and administrative staff not outlined here. Those staffing needs will be specific to the type of units created and the target population.

Timeline: December 2014-December 2016

Staffing: Urban Ministry Center will serve as project manager. Center City Partners will serve as community engagement staff.

7. Evaluate the Effort to End Chronic Homelessness: An essential component of this effort will be monitoring our progress towards ending chronic homelessness. In addition, we may choose to measure the impact of this effort on the community, as well as the lives of those experiencing homelessness. There are several components of a robust evaluation – from evaluating the process itself to examining the impact of the effort on community costs, such as emergency room bills. Appendix D outlines possible components of an evaluation effort.

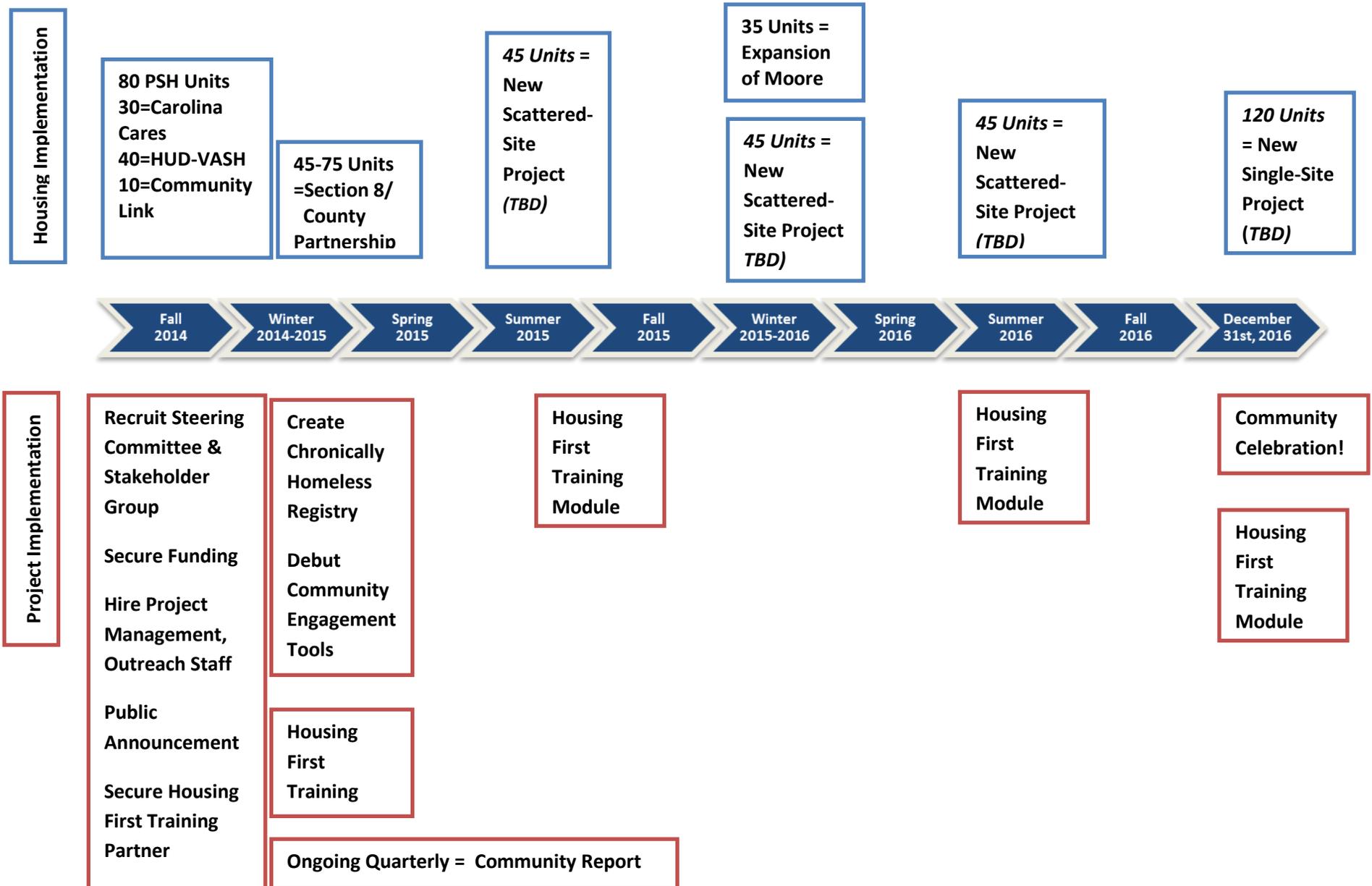
Timeline: January 2015-TBD

Staffing: Partner with UNC Charlotte College of Health and Human Services & Urban Institute

Having active participation from community partners will be essential for the initiative’s success, including:

- Bank of America
- Cardinal Innovations
- Carolinas CARE Partnership
- Carolinas Healthcare System
- Charlotte Center City Partners
- Charlotte Chamber of Commerce
- Charlotte Housing Authority
- Charlotte-Mecklenburg Coalition for Housing
- Charlotte-Mecklenburg Police Department
- Charlotte Mecklenburg Library
- Charlotte Regional Visitors Authority
- City of Charlotte
- Community Link
- Crisis Assistance Ministry
- Elevation Church
- Foundation for the Carolinas
- Homeless Services Network
- Mecklenburg County
- Men’s Shelter of Charlotte
- Salvation Army
- Supportive Housing Communities
- United Way
- University of North Carolina Charlotte
- Urban Ministry Center
- Veterans Administration
- Wells Fargo

Implementation Timeline for Ending Chronic Homelessness



Appendix A: Upcoming Permanent Supportive Housing - 195-225 Units

VASH Vouchers : 40 Units

Estimated Timeline: Began Fall 2014

The Veteran's Administration partners with the Housing Authority for Veteran's Administration Supportive Housing (VASH) vouchers. These are permanent rental subsidies provided by the Charlotte Housing Authority combined with supportive case management provided by the VA. In our community, VASH vouchers are first targeted towards chronically homeless veterans. Our community received 40 VASH vouchers on 10/1. Potentially, the community will receive additional vouchers in late 2014.

Carolina Cares: 30 Units

Estimated Timeline: Began Fall 2014

Carolina Cares is beginning a new program to provide permanent supportive housing for chronically homeless individuals who are HIV+. Combining HOPWA funds to cover rent subsidy and local county dollars to fund support services, the program will house 30 chronically homeless individuals. The application process for the program is already underway.

Community Link: 10 Units

Estimated Timeline: Began Fall 2014

Through 2014 Continuum of Care Funding, Community Link will begin its first Housing First Permanent Supportive Housing program. The program will serve 10 chronically homeless individuals and is anticipating beginning in late 2014.

Section 8 Vouchers: 45-75 Units

Estimated Timeline: Winter 2014-Fall 2015

When the Charlotte Housing Authority (CHA) opened its Section 8 waitlist in September 2014, CHA targeted homeless households in a self-reliance program as its first priority. Recognizing this opportunity, 88 chronically homeless individuals were placed on the waitlist, under this first priority grouping. The county has expressed a willingness to fund supportive services for some portion of these 88 individuals. Supportive services must be provided in order for these individuals to remain in the top priority.

Moore Place Expansion: 35 Units

Estimated Timeline: Spring 2016

Funding has been secured by Urban Ministry Center to expand the existing single-site apartment complex targeted for the most vulnerable chronically homeless individuals. The expansion is expected to open 2016.

Supportive Housing Communities: 5 units

Estimated Timeline: Winter 2014-2015

SHC will expand its existing scattered-site program serving chronically homeless individuals.

Attrition from Existing PSH: 30 Units

Estimated Timeline: Ongoing

While permanent supportive housing can boast a high housing retention rate, there is some amount of turnover in existing programs. Some of the individuals leaving these programs will return to homelessness, but some will move on to other permanent housing options (ex. more independent living, nursing home, etc.). Through 2016, we estimate around 30 chronically homeless individuals will be housed through attrition of existing units.

Appendix B: Rental Subsidy Options

In order to create an additional 250 permanent supportive housing units, we must identify 250 rental subsidies. Below are options of rental subsidies that are currently utilized in permanent supportive housing:

- **Section 8:** Administered by Public Housing Authorities, Section 8 vouchers are rental subsidies utilized to create affordable units in the private marketplace. While most commonly awarded to individuals, Charlotte Housing Authority has provided Section 8 vouchers to specific projects (McCreesh Place & Moore Place) and agencies (Charlotte Family Housing) to provide the underlying rental subsidy for the projects. All Section 8 vouchers are currently utilized and there is a waitlist of over 30,000 individuals.
- **Public Housing Units:** Charlotte Housing Authority manages over 3,000 physical housing units. Each of these units has an underlying subsidy, making the units affordable to tenants. Currently, several of these developments have open waitlists and households experiencing homelessness are the first priority on these waitlists.
- **Shelter-Plus-Care (SPC):** Managed by Mecklenburg County, SPC is a federal rental subsidy targeting the chronically homeless, awarded through the annual Continuum of Care grant process. In order to draw down funds, there must be a match of support services for the tenant. Currently, the program provides subsidy to more than 200 households. While Charlotte-Mecklenburg has used utilized these dollars strictly for subsidy to individuals households, other communities have used SPC as the underlying rent subsidy in single-site projects (ex. McCreesh Place or Moore Place)
- **Housing Opportunities for People with AIDS (HOPWA):** Administered through Carolinas CARE Partnership, HOPWA funds are federal dollars that can provide rent subsidy to individuals who have been diagnosed with HIV. HOPWA dollars are used with Carolinas CARE Partnership's new housing program for 30 chronically homeless individuals.
- **VASH:** VASH vouchers are Section 8 vouchers combined with support services from the Veteran's Administration that are targeted towards veterans in need of permanent housing. While the rental subsidy is administered through the Charlotte Housing Authority, the funding is allocated through a process distinct from the general Section 8 vouchers. Our community was recently awarded 40 VASH vouchers. Additional vouchers are dependent on federal allocation and a local application.
- **Continuum of Care "Bonus" Dollars:** As part of the annual Continuum of Care grant process that provides federal funds for homeless assistance programs, our community was invited to apply for "bonus" dollars to provide permanent supportive housing for chronically homeless individuals. If awarded these dollars, our community would receive subsidy for an addition 50 chronically homeless households.
- **Other Ideas:** There certainly may be other untapped subsidy resources. For example, HOME funding, federal dollars administered through the City of Charlotte, can be used as rental subsidy. Though currently they are only utilized for short-term subsidy, this option could be explored further. In addition, low-income tax credit projects with set aside units for disabled individuals could prove to be good partners.

Appendix C: Supportive Services Options

Given the challenges of serving the chronically homeless population, offering robust support services is essential to the success of any permanent supportive housing project. To create an additional 250 permanent supportive housing units, our community must identify funding for support services for an estimated 17 case managers.

- **Mecklenburg County Housing Stability Supportive Services Fund:** Mecklenburg County has allocated \$2.3 million to fund supportive services for housing-based initiatives, including permanent supportive housing. This fund is used to provide support services for several of the upcoming initiatives highlighted in Appendix A.
- **Cardinal Innovations/Medicaid:** The well-researched Pathways to Housing permanent supportive housing program utilizes an ACT (Assertive Community Treatment) Team to provide supportive services. ACTT is a Medicaid-funded service that provides a range of support services for individuals with serious behavioral health issues using a team-based approach. Since Medicaid funding has limits, some models have combined Medicaid funding with private funding to allow for greater flexibility for service provision within the ACT team. While the Charlotte-Mecklenburg community currently has several ACTT teams, none are targeted for a permanent supportive housing program.
- **Continuum of Care Dollars:** Through the annual Continuum of Care grant process, there are occasionally opportunities to apply for additional dollars for permanent supportive housing (rental subsidy or support services).
- **Veteran Administration:** The VA funds support services for VASH vouchers. This funding is included in any release of new VASH vouchers.

Appendix D: Possible Evaluation Components

There are three potential components of a robust evaluation effort, outlined below. All components would generate beneficial information for the community, but are not necessary for the success of the project. If the steering committee chooses to fund a more comprehensive evaluation, all the below components would work in concert, with a university and community team. Alternatively, only one or two components could be pursued. The overall funding need will be determined by the level of evaluation desired.

- a. **Process Evaluation:** Rather than evaluating specific program outcomes, a process evaluation would examine the development and implementation of the strategies outlined in this document. Through this evaluation component, a “Theory of Change” would be developed and the effort would be evaluated in regards to *how* the strategies are implemented, by examining both qualitative and quantitative data. A process evaluation of this effort would provide information to understand varying project outcomes, as well as valuable information as our community considers other large, collaborative efforts to tackle vexing social issues.

Timeline: January 2015-May 2017

Staffing: UNC Charlotte College of Health and Human Services

- b. **Housing Program Evaluation:** Given the scale of this effort, the community has an opportunity to measure the success of the Housing First approach with a variety of models, providers, and individuals. This evaluation will look at overall housing retention rates and health outcomes, but could also explore questions such as, “Are certain populations served better in a single-site model vs. a scattered-site model?”; “What is the most effective ratio of tenants to staffing?” This information would be helpful for not only for our local community, but could provide helpful information at the national level.

Timeline: January 2015-December 2018

Staffing: UNC Charlotte College of Health and Human Services with potential staffing from Urban Institute

- c. **Utilization of Public Resources Evaluation:** The cost-effectiveness of the Housing First approach. This specific type of outcomes evaluation would measure the utilization of public resources, such as Emergency Room visits and arrests, before and after permanent supportive housing. In addition, this evaluation could create an overall return on investment calculation, by comparing reduction in public resources spent on the crisis interventions with the costs associated with providing permanent supportive housing.

Timeline: January 2016-December 2018

Staffing: UNC Charlotte College of Health and Human Services with potential staffing from Urban Institute

